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JOURNAL

OF

Practical Medicine and Surgery.

Art. 6349.

Reopening of the School of Medicine—Inauguration of the Statue of Esquirol—Introductory Clinical Lectures in the Hospitals of Paris.

The Winter Session was opened at the School of Medicine on the 17th of November, with the customary solemnity. As might have been surmised from the views openly expressed by many of the students, on the subject of the changes recently introduced by Government in the internal administration of the faculty of Medicine, Mr. Rayer's entrance was saluted by a perfect storm of hisses, the persistency of which entirely drowned his voice, and prevented the friendly or unprejudiced portion of the audience from hearing a single word of the speech delivered by the learned Dean.

Demonstrations of this kind are assuredly to be regretted; but while we express our unqualified disapprobation, let us not forget that at a somewhat distant date, it is true, we also occasionally yielded to thoughtless impulse and inconsiderate prepossession. Some excuse may, moreover, be found for these manifestations, in the fact that they usually originate from generous, though wounded, feelings. The discordant sounds, which still tingle in our ears, were not levelled at Mr. Rayer personally, but were expressive of the discontent caused by the mode of his nomination. The love and veneration of the students for their teachers are notorious, and these feelings have in some instances been carried to a pitch of fanatical devotion, as in the case of Marc, who did not hesitate to challenge Dupuytren's detractors to mortal combat. The students ardently take part with their instructors, and more especially with their clinical professors, with whom they are in close and daily communion. When, therefore, a ministerial decree, which we may not criticise, appointed a successor to Baron P. Dubois, in the person of a gentleman hitherto unconnected with the Faculty, and better known to the medical corporation than to the students, the latter determined on entering at a proper time their protest against a selection, which they deemed uncomplimentary to the old Professors of the School of Medicine. They would not have complained had Mr. Rayer, a member of the ninth section of the Institute (*Veterinary Surgery and Agriculture*), and President of the Society of Biology, been named without competition Professor of Comparative Medicine, but they thought it strange that Mr. Rayer should be placed at the head of a School adorned by such men as Mr. Velpeau.

These were the causes of the opposition which has so deeply grieved Mr. Rayer's friends. The new Dean, however, boldly faced the storm, and displayed much calmness and dignity, being animated by the conviction that a careful perusal of the address, which we reproduce, would modify the hostile feelings arrayed against him, and cause his zeal and his efforts to be more worthily appreciated.

He spoke as follows:

Gentlemen, Students of the School of Medicine,

I have impatiently awaited the occasion of this solemn meeting, graced by the presence of my eminent colleagues, and of the elite of my fellow-practitioners, in order to give vent to the feelings of my heart, and to bear public testimony to my gratitude and deep devotion to the Emperor.

Hitherto foreign to public instruction, I have been raised, almost at the close of my career, to the highest honours of our profession, and placed at the head of the first school in the universe. Silencing hesitations which you will but too well understand, I have accepted the task imposed upon me, firmly resolving, allow me to say so, to devote to its accomplishment all my remaining strength, and all my ardour and intelligence for what is useful and good.

Officially unattached to the School of Medicine, but united to it by sincere admiration and perfect community of doctrines, which render my new duties both easy and grateful, I have, however, always kept up a close intercourse with its laborious pupils. For upwards of thirty years, in the wards of a large hospital, the only source of practical medical instruction, I have witnessed the rise and progress of many generations, to which it has been my good fortune to impart the feelings which at this moment, despite the weight of years, animate my breast with as much energy as in the days of my youth, the love of science and the grandness of our profession.

As a recompense for these thirty years devoted to constant labour and to private tuition, the medical practitioners of France freely and spontaneously selected me to preside over their great and beneficial association. But yesterday, I dwelt with your predecessors on the greatness and dignity of our noble profession; to you, who to-morrow will mingle in their ranks, I speak of science and of study, failing which the dignity and greatness of our art would be but idle words.

To extend, to elevate, and to render fruitful the instruction imparted by the Faculty is the ever present thought of your masters, and the constant object of the new dean's meditations. To this task he devotes himself exclusively, and his first laborious inquiries have been directed towards the discovery of the most urgent requirements of the school, and of the most desirable improvements of its tuition.

Free from all engagements, and from the very nature of my position, untrammelled by prejudice or acquired habits, I have already been enabled to suggest to an eminent minister, benevolently inclined towards youth, ameliorations which I am happy to say have been received, as they had been proposed, in a truly liberal spirit, and calculated to enhance the reputation of this school, and to increase its educational resources.

It is thus I understand, and have consented to wield an authority which involves so considerable an amount of responsibility.

A more liberal access to our library—an increase of our laboratory and dissecting-room accommodation—a valuable addition to our practical tuition, in the shape of new clinical lectures, entrusted to former Fellows of the School, whose zeal and abilities have long been well known to you, and who will preserve from deviation or decay the glorious traditions of our chairs of clinical medicine and surgery;—the introduction of competitive examination in the choice of the *Chefs de Clinique*, whose functions are ambitioned by our most laborious pupils, and will thus acquire fresh lustre, opening at the same time for young physicians a career analogous to that afforded to surgeons by the present mode of nomination of prosectors and assistant-professors of anatomy;—such, gentlemen, are the first measures which I have realised, and which will be carried out on the advent of the new year. The future, an early future let us hope, will bear witness to their utility.

Students of the School of Medicine, the period which has elapsed since my appointment, has been too short to allow me to do more than introduce myself to you all, and show myself to you such as I am, such as you shall ever find me, ready to receive, advise, and protect you as a guide, as a father.

I cannot, however, yield the chair to the popular Professor who will now address you, before greeting with a sincere welcome, the new series of Fellows who this day, for the first time, occupy the seats vacated by their predecessors, and who by this salutary and prolific mode of renovation, will adorn the school by the co-operation of their tried abilities, and inspirit its tuition with youthful ardour.

May their example, gentlemen, prove to you a constant and powerful encouragement! But recently selected from your ranks, they more distinctly point out the road to success. Each one amongst you may, by free and successful competition, aspire to the same dignity, which should be the object of your ambition, as it is likewise the hope and nursery of the Faculty of Medicine.

We regret that our limited space does not admit of the reproduction of the eloquent panegyric delivered by Mr. Gosselin on the life of the late Professor Moreau. The orator in this remarkable appreciation, displayed the same fineness of touch and eloquence of language, which shone so conspicuously in his biography of Pierre Bérard, spoken on a similar occasion two years ago. Mr. Gosselin was frequently interrupted by the warm applause of the audience.

At the conclusion of the meeting the prizes were distributed as follows:

Prize of the School of Medicine.—Grand prize (gold medal), Mr. Fritz.

First prize (silver medal): Mr. Proust.

Second prize (silver medal): Mr. Dubuc.

Honourable mention: Mr. Chalvet.

Monthyon prize.—Mr. F. Bricheteau.

Corvisart prize.—Mr. Challier.

Barbier prize.—Not awarded: its value, 80*l.*, was divided as follows:

To Mr. Marey, for his researches on sphygmography, 60*l.*

To Mr. Mathieu, for improvements introduced in the fabrication of artificial limbs, 20*l.*

A special mention, to which the Minister of Public Instruction added a letter of encouragement, was also awarded to the authors of the best inaugural theses presented during the year, viz.:

1. Mr. Dujardin-Beaumetz, Mr. Lancereaux, and Mr. Raynaud.
2. Mr. Ball and Messrs. Cazin and Tillaux.

— A pleasing contrast to the uproarious meeting of the School of Medicine is afforded by the peaceful ceremony which took place at Charenton on the 22nd of November, for the inauguration of the statue of Esquirol. A brilliant crowd of guests, and upwards of two hundred representatives of the Medical Profession from Paris and from the provinces, were present on this solemn occasion.

In the honours paid to the memory of the kind and eminent man of whom the monument is a record, we may discern, as Mr. Parchappe truly observed, something more than a mere act of justice, or a testimonial of public gratitude. They bear solemn evidence to the national sympathy for the beneficial efforts of humanity in the path of progress, and supply us, moreover, with a bright example, while they teach a wholesome lesson. In representing Esquirol standing in the midst of the asylum constructed from his designs, sheltering beneath the folds of his mantle a poor lunatic, and pondering on the means of accomplishing a cure, the sculptor distinctly intimates that the harmonious edifice was raised at the suggestion of the medical profession, that the physician must be guided by the dictates of his heart in the treatment of the insane, and that a tender feeling of compassion for his unfortunate patients is the necessary condition of his utility.

The savans, administrators, and institutions of France, have ever been foremost in the scientific and humane agitation which has compelled, within the last fifty years, all civilised nations to create, organise, and improve the establishments devoted to the treatment of insanity; and to Esquirol's immortal honour, he ranks, in our country, immediately after Pinel in the successful prosecution of a reform which will be viewed as the proudest title of our age to the gratitude of mankind.

The Inspector of Lunatic Asylums seized this opportunity of expatiating in the most felicitous manner, on the superiority of closed asylums over the system of agricultural colonies and partial liberty in the treatment of lunacy, and we cannot refrain from reproducing the following passage of his eloquent address:—

"When the establishment of Charenton shall have been completed," said Mr. Parchappe, "it will assuredly be the noblest embodiment of the architectural plans suggested by Esquirol's meditations. We shall then be enabled definitively to pronounce on the absolute and comparative value of the system; but, even now, it is an unquestionable fact, that the ideal excellence of lunatic asylums must henceforth be founded on a conception purely medical, viz., the separation of the patients in distinct sections, according to the requirements of treatment, and the nature, form, and stage of their disease.

"This is the characteristic feature of our public asylums, and gives them, in this respect at least, a marked superiority over foreign establishments, in which the patients are often classed merely according to the sums paid for their custody. The yearly payments on behalf of the inmates of Charenton are on three distinct scales; but as to the systematic arrangement of the wards, and the medical treatment, the patients are all placed on the same footing, and are divided into as many groups as may be required by the forms of disease and therapeutic convenience. The full realisation of the fundamental conception which is consonant with truth, science, and humanity, viz.—that all patients are equal with regard to treatment, for ever secures inestimable value to the arrangements of the Asylum of Charenton.

"From the subordination of architectural details to therapeutic expediency, for the first time realised in Esquirol's plans, flow all the successive improvements subsequently introduced in the creation, erection, and organisation of hospitals for the insane. A lunatic asylum is an instrument of treatment, and, in the hands of a skilful practitioner, becomes a most powerful remedial agent for the cure of cerebral disease. Such is the axiom propounded by Esquirol, which his successors have adopted and developed. Efforts have been made to instil life into this instrument, by the adaptation of its various parts to predetermined functions, in imitation of the mechanism of a living being, and thus the lunatic asylum architecturally planned to represent an aggregate of organs, and of predesigned actions, becomes an animated system, of which the physician is the soul.

"By imparting this practical character to the model Asylum, Esquirol most actively co-operated in the rescue of lunatics from their former deplorable condition, an achievement with which his name together with those of Pinel, William Tuke, and Langermann must ever remain associated, and which in France and abroad has monopolised the exertions of a host of eminent men, Ferrus and Van der Kolk, for instance, of whom science and humanity have but recently been deprived.

"The therapeutic aspect of the undertaking, in the system generally adopted by the office of Public Assistance, is a victorious argument against the heedless criticisms with which it has recently been assailed.

"In vain have innovators, to whose intentions and zeal we do full justice while we condemn their inexperience and their errors, endeavour to cause purely economical principles to prevail over therapeutic expediency in the institutions devoted to mental alienation.

"Surely it is idle to oppose to the efforts directed for upwards of half a century to one noble purpose, by so many eminent specialists, under the influence of progressing knowledge and civilisation, an institution generated by the superstition of dark ages, and long buried in deserved oblivion, which excites no feeling but curiosity, and awakens the interest of the scientific world but by its attempts to remedy its notorious imperfections, which it can succeed in doing but by the appropriation of the principal constituent elements of our asylums?

"Is it enough in order to justify the dispersion of the insane in rural habitations to adduce the well known advantages of a home?

"In our Asylums, the conditions of family life, are as far as practicable realised.

"In the home of a peasant paid for his board, the lunatic, it is obvious, can meet only with hosts or masters, and if it is proper to restore him to liberty, his proper place is surely in the bosom of his own family."

In addition to the re-opening of the School of Medicine, and the inauguration of the statue of Esquirol, we must also notice the introductory lectures of the different clinical professors. Mr. Trousseau devoted his first lectures to the history of hydatid tumours of the liver, and more especially invited the attention of his numerous audience to the utility of acupuncture for the purpose of promoting adhesion of the cyst to the abdominal wall. Our readers will find, in another part of the present number, a description of the procedure imagined and resorted to by the learned Professor.

At the hospital of the School of Medicine, Mr. Nélaton pointed out the most important cases at present in the wards, and entered into some interesting particulars on the instrument used by the Italian surgeons, for the purpose of discovering the ball in Garibaldi's foot. It will be recollected that Professor Porta, in his report, expressed considerable doubt as to the presence of the projectile in the ankle, and that in his visit to the General, Mr. Nélaton was, on the contrary, enabled to establish the great probability of the bullet being still imbedded in the wound. Our readers are all now acquainted with the fact that this surmise has proved correct, and that after an examination with the instrument imagined and sent by the French surgeon, M. Zanetti has at last succeeded in extracting the foreign body. The new exploring probe bears, at its extremity, a bulb of unvarnished and roughened porcelain, capable of receiving, by the slightest friction on a leaden surface, a characteristic stain, the nature of which can be established in a peremptory manner by chemical tests.

We should not omit to notice Mr. Henry Roger's lectures *On Diseases of Children*, one of the new supplemental clinical courses recently instituted by the School of Medicine. These conferences take place at the Hospital for Infancy, and will doubtless, prove a fruitful source of practical information:—

"In these lectures," said Mr. Roger, "I shall dwell only on useful and practical points. Setting aside mere theory, I will not expatiate on the dogmatic description of disease which you will find in all contemporary works. Nature is the book of books, and should ever be consulted by the physician. I shall open it before you and we will endeavour to read it together. At first we shall probably be able only to distinguish the letters, but words and phrases will soon follow, and in the end, let us trust, we shall read it fluently."

This programme promises well; and in order to give some idea of the mode of Mr. Roger's tuition, we may quote from the *Union Médicale* the following passage of the Professor's introductory lecture on the difficulties to be contended with in the observation of the diseases of infancy, the dexterous artifices often required for the detection of the symptoms, and the valuable assistance derivable from maternal tact and devotion:—

"Observation in our little patients is almost necessarily incomplete, and, consequently, often leads to erroneous inferences. Very young children are agitated and frightened at the approach of the doctor; their face flushes, the pulse and respiration are accelerated, screams and resistance to examination may be expected. If you have the good fortune to soothe this alarm, or if it is not manifested at first, lose no time, for a long exploration will assuredly not be submitted to. Some spoiled children (and what child is not more or less spoiled?) obstinately oppose all attempts at investigation; the face averted, or concealed by the hands, bears evidence of anger more than of disease. At most will you be allowed by rapid inspection of the body, and palpation of the abdomen and chest to acquire some idea of the presence or absence of fever. I recollect some twenty years ago being left by Mr. Guersant to watch the symptoms in the case of a Neapolitan nobleman's child. He was daily visited by an English and two French physicians, and, on no occasion was any one of the medical attendants able to feel the pulse, or examine him with any degree of completeness. For my part my presence was tolerated in a neighbouring room only; we tended him, it is true, but the cure was effected by nature."

"This unavoidably insufficient investigation is fortunately compensated by maternal vigilance; the mother's instinctive tenderness singularly increases her powers of observation. Her anxious solicitude, and her penetrating insight may be trusted; her unfailing memory supplies the physician with minute particulars which greatly assist him in his judgment. She watches over the punctual execution of every prescription, notes and details its effects. In the course of his long practice, Guersant had ample opportunity of appreciating at its full value the important services rendered by mothers in the observation and study of the diseases of infancy; he dwells in one of his works on the assistance thus received by him in the diagnosis and treatment of the affections of childhood, and expresses with emotion his gratitude for their tender and enlightened co-operation.

Art. 6350.

HOTEL-DIEU.

(PROFESSOR TROUSSEAU'S CLINICAL WARDS.)

Abdominal cysts; acupuncture.

Several procedures, amongst which those recommended by Récamier, Bégin, and Jobert de Lamballe are best known, have been resorted to, to procure adhesion to the abdominal parietes of tumours such as hepatic and ovarian cysts. In a case of the latter description Mr. Jobert punctured the tumours with a common trochar; through the cannula of this instrument he introduced an India-rubber catheter, which was left *in situ*, the abdomen being supported by a tight circular bandage. The contact of the instrument induced adhesive inflammation, and through the sound injections were safely thrown into the cyst. The penetration of the injected fluids into the abdominal cavity was doubtless thus averted, but this method cannot secure the patient against the effusion of the contents of the cyst into the peritoneum when the puncture is performed. To obviate this contingency, to avoid on the other hand the possible occurrence of erysipelas which may follow Bégin's incision, and to escape from the difficulty of circumscribing within moderate limits the action of the caustics proposed by Récamier, it has occurred to Professor Trousseau to have recourse to acupuncture with several needles.

The procedure is not a new one; so far back as the year 1835, the ingenious professor resorted to it in the case of the sister of a medical practitioner afflicted with numerous abdominal cysts. About twenty long steel needles, similar to those used by milliners, were inserted into the tumours; a small wax ball fixed upon the head of each needle prevented its entire penetration. But inflammation of the integument induced by the contact of the wax, has since induced Mr. Trousseau to protect the skin previously to the introduction of the needles, with a shield of adhesive plaster.

In a case of ovarian cyst recently related by the professor, the round of diachylon was of the size of a crown piece; twenty-five steel needles softened in the flame of a candle were then inserted through the abdominal parietes into the cyst, at two lines distance from each other. The needles, about two inches and a half in length, were armed with sealing-wax bulbs, which retained them on the surface, and checked undesirable penetration. Very little pain attended the operation; but for three days the patient experienced, in the vicinity of the punctured region, sensations analogous to those induced by moderate inflammation, and due to partial traumatic peritonitis. On the fifth day, slight movements imparted to the needles having demonstrated the existence of adhesions, Mr. Trousseau removed them all in succession. The orifice of each puncture gave issue to a few droplets of viscid serum, which established beyond doubt the direct communication of the cyst with the surface. The tumour was then relieved of its contents with a trochar, and a hollow bougie was permanently substituted for the canula of the instrument, to allow of the liquid being daily drained off, and of appropriate injections being thrown in.

The Medical Circular.

ON THE PROXIMATE CAUSE OF CONSUMPTION AND ITS SPECIFIC TREATMENT BY THE HYPOPHOSPHITES.

By J. FRANCIS CHURCHILL, M.D. (Paris).

(Continued from page 453.)

No. XIII.

REPORTS OF CASES TREATED SUCCESSFULLY IN THE THIRD STAGE (THAT OF EXCAVATION). (*a*)

To sum up, the present state of Medical science upon this point cannot be better expressed than in the words of Louis, which are strictly true now as they were seventeen years ago:

"The study of phthisis, viewed with regard to its curability, is very little advanced . . . . . for in the cases of recovery hitherto met with, the result has been obtained, not by some fortuitous but nevertheless cognisable circumstance which can be more or less easily reproduced, but by *individual circumstances hitherto entirely unknown*, and to the discovery of which the physician should henceforth steadily devote himself." (*b*)

If the views I hold with regard to the cause of phthisis be correct, this hitherto undiscovered circumstance alluded to by Louis, is the restoration to its normal quantity of the oxidizable phosphorized compounds contained in the system, which can be obtained at will by the proper use of the hypophosphites.

After five more years' experience, during which I have treated more than 400 cases at my dispensary, and at least an equal number in private practice, I feel myself fully justified in again affirming in the most peremptory manner.

1. That the specific remedy for the tubercular diathesis, consists in the use of a preparation of phosphorus uniting the property of being both assimilable and oxidizable. (*c*)

2. That when death takes place in cases treated by the hypophosphites, that result is due either to pre-existing lesions, or to the intervention of some secondary or accidental complication.

3. That in no case after the employment of the hypophosphites, is death brought about by new tubercular deposit, unless the treatment is completely stopped while the patient is still exposed to the causes which produce tuberculosis.

The following therefore, is the difference between the present state of science, and the effects produced by the hypophosphites.

If at present, ten consumptives are selected in such a state that there can be no doubt of the certainty of the diagnosis, and at such a stage of the disease, that the pulmonary lesions shall be as little advanced as is compatible with such certainty, it is undeniable that no physician would pledge himself to cure a fixed proportion of them, or even any one single case selected beforehand. With every resource at his command, the utmost he could do would be to promise that the life of some of them might be prolonged, that one, or at most two, might possibly escape, but without being able to tell who would be the fortunate, or who would prove victims to the

(*a*) Translated from the second edition of my work, 'De la Cause Immédiate de la Phthisie Pulmonaire.' In the Press.

(*b*) Louis, op. cit., p. 573.

(*c*) See *Memoire* presented to the Academy of Medicine, July 21, 1857, and 'De la Cause Immédiate et du Traitement Spécifique des Maladies Tuberculeuses. Paris, September, 1857, p. 229.

disease. On the other hand, the position I assume is, that if any number of patients be taken in the conditions above indicated, and subjected to the use of the hypophosphites, properly given, nine out of ten of them would recover, the tenth case being allowed for errors of observation. In other words, the prognosis of a given case of phthisis, either treated by the ordinary means or left to the course of nature, depends not on the actual state of the patient, but on the *nature* of the disease itself, and is nearly always fatal; while the prognosis of the same disease under treatment by the hypophosphites is *independent of the diathesis*, and rests altogether on the extent of the pre-existing lesions, or on the presence or absence of complications.

The hypophosphites are thus the specific for phthisis under certain definite conditions, and so long as these conditions exist, the prognosis is always favourable. To require more is to overstep the limits of scientific possibility, and is demanding what is impossible and absurd.

I shall now proceed to analyse the cases which have been already mentioned, in order to ascertain the real conditions of the successful and unsuccessful results, and show that they fully bear out the preceding propositions.

In the following summary:

I shall call *confirmative* results all cases in which there was continued improvement during the whole time of the treatment.

I shall call *negative* results all those in which the improvement did not persist during the whole time of treatment.

I shall call *definitive* results *in favour* of the treatment, all the cases cured; and definitive results *against* it, all the cases ending in death, from whatever cause, excepting only one or two cases which had been counted among the confirmative results, and in which death occurred more than a year after the complete cessation of the treatment. In this statement are not included twenty of the cases in the third stage reported in this Journal, as they were not dispensary patients.

I.—*Prognosis relative to the Extent of the Lesion.*—The first condition on which the cure of a case of phthisis by the hypophosphites depends, is the extent of the local lesion. Among the 79 cases referred to, the signs of tubercular disease were limited to one lung in 25. In this number there were 17 confirmative results, of which 11 ended in recovery; and 8 negative cases, of which 3 deaths. 54 patients had tubercles in both lungs. Of these, 25 gave confirmative results, of which 16 were cured; 29 were negative cases, of which 19 were deaths. Thus, when one lung only is diseased, the chances of cure are to those of death as 11 to 3. But when both lungs are affected, the chances of cure compared with those of death are reversed, and fall as low as 16 to 19. (*c*)

II. *Prognosis in Relation to the Stage of the Complaint.*—With regard to the stage of the lesion, two patients, when first seen, were in the first stage, (*d*) but afterwards showed signs of softening. Both recovered. (*e*)

Fifty patients were in the second stage (that of softening). Of these, 18 had only one lung diseased, and of this number there were 15 confirmative results, 9 of them cures, and 3 negative results, including 1 death.

On referring to the reports of the three negative cases, I find that in two of them it was expressly stated at the first examination that there was reason to suspect the disease affected both lungs. In one (the fatal case) the probable existence of a cavity was expressly noted. The third patient followed during the winter the occupation of a lamplighter, and was thus unavoidably exposed to circumstances productive of frequent and serious inflammatory complications. Hence it follows, *that when the disease has not passed the second stage, and it can be ascertained with certainty that it is limited to one lung*, recovery takes place in all cases without exception, unless the patient be exposed to unusually unfavourable hygienic conditions.

It would be difficult to over-rate the importance of this fact, which is the more peremptory as I cannot see that it is open to any really serious objection. The diagnosis of the extent of the lesion was written down in each case before beginning the treatment, allowing the sceptical, however, any amount of latitude they please, and admitting that there were errors of diagnosis, still that supposition would not weaken the conclusion. The fact still remains the same—viz., that all the patients in the second stage, with only one lung affected, and who did not leave off the treatment, proceeded to complete recovery, and that not one of them died. To invalidate this conclusion, we must admit that, of the whole 79 patients treated at the dispensary, there was not one in whom the disease was in the second stage, and limited to one lung; otherwise, the conclusion not being contradicted by a single negative instance, will still hold good, whatever be the number of cases on which it is founded. In reality, however, in these cases, the simple fact of the stethoscopic signs being limited to one side, is of itself a strong probability in favour of the existence of phthisis.

(To be continued.)

(*c*) In my private practice the proportion of cases in these conditions has been greater. Thus, in the 24 cases of patients in the third stage already given, there were 7 cases in which both lungs were affected.

(*d*) One of these was a case of acute phthisis.

(*e*) For the reason mentioned already, the other cases in the first stage are not reported. Every one of them that could be traced was found to have recovered.

THE USE OF COMPRESSED SPONGE IN THE PREVENTION OF LACTEAL SECRETION.

By P. Stewart, M.D., of Peekskill, N.W.

Some three years ago I reported in the 'New York Journal of Medicine' an interesting case of suppression of the lacteal secretion, in the breast of a lady recently confined by means of compressed sponge and bandage. The idea was a novel one to me, never having tried it before, nor seen anything published on the subject.

Since the report of the above mentioned case I have several times had occasion to adopt the same practice, and uniformly with the same happy result. If others have used the method it has failed to come to my knowledge, and as the remedy is easily applied and the results in my hands, at least, uniformly successful, it may be of some little service to the "weaker yet better half" of our humanity, to call the profession once more very briefly to the subject. Every practitioner meets with cases of inflammation of the mammary gland, suppuration, caused by inability to get the milk from it when first secreted after confinement, and the patient once having endured it, looks forward with tenfold more horror often to the sufferings of a "broken breast," than she does to the pangs of childbirth. Persons have fallen under my observation, both from the cities of New York and Philadelphia, who had in previous confinements been under the care of eminent practitioners in those cities, but yet had endured, as they said, untold sufferings from this cause. When submitted to the treatment under consideration, no pain or suffering of any kind was experienced. Nothing can be more complete and satisfactory, than the result of this practice has been in the several cases which I have tried it. All other modes of treatment, such as warm fomentations, cold water compresses, belladonna plaster and wash, and various other things, have failed of the desired effect in a majority of cases, but this one never.

The details are simply these:—A flat soft sponge, carefully freed from all foreign substances, large enough to cover the entire breast with a small hole or depression cut out in the centre for the nipple, is subjected to a pressure of a few pounds for a couple of days, and then applied over the breast; a compress is laid over this, and the whole secured by a bandage passed over the shoulders, and around the waist, so as to produce equal and uniform pressure over the entire surface. The bandage should be tightened sufficiently often to maintain a constant pressure for twelve or fourteen days. The best time to begin the treatment is within twelve hours after the birth, when the sponge is best applied dry, but if it is delayed from any cause until the breast becomes tender, and the milk begins to be secreted, my custom is to dip it in warm vinegar once or twice a day.

The efficacy of this treatment in inflammation of the breast, as well as in other parts, has been arrested by others, but in no case can its effect be more happy than in preventing the lacteal secretion. —'American Medical Times.'

ACCOUNT OF AN EPIDEMIC OF HYSTERICAL DEMONOMANIA.

By Dr. Constans.

In the ancient province of Chablais, now in the arrondissement of Thonon (Haute-Savoie), is a commune of 2,000 inhabitants named Morzines, situated at the extremity of the valley of Aulph. It is separated from Valais by a mountain only; its altitude is about 1,500 metres, the climate severe, and the vegetation tardy. The people are very poor, and occupying the basement story of wretched huts, they live in a half-asphyxiated state, huddled near cast iron stoves heated even to redness. Their food consists of barley bread, potatoes, and smoked meats; and for drink, water, always very cold, is alone used. Their aspect, as a rule, is pitiful, the lymphatico nervous temperament predominates, childhood is sickly and not-easily passed, the fecundity of families is very great, adult age is prematurely decrepit, and old age rare. In other respects, these people are gentle, honest, obstinate, very devout, and excessively superstitious; little intelligent at the best, their judgment is further obscured by a multitude of absurd beliefs.

In March, 1857, two little girls, blondes, very pious, puny, but withal healthy, became the subjects of certain extraordinary attacks. Presently the affection extended to others, and in seven months, twenty-seven persons, children, young girls, and women, were seized by it. It was averred that during the paroxysms of the affection, the children spoke French with surprising facility, or responded in German or Latin, lost all family affection, became surprisingly insolent and impious, and exhibited extraordinary physical powers, four

men being insufficient to restrain a single child. Moreover, the children would climb in the twinkling of an eye to the tops of trees, and then turn somersaults, or leap from one tree to another, removed many metres, and descend to the ground head downwards.

Towards the end of 1860, the number of "possessed" (for as such they were regarded in the commune) had increased to 110; and in April, 1861, the Minister of the Interior directed Dr. Constans, Inspector-general of lunatics, to visit Morzines, and make inquiry into the nature and causes of the outbreak, and to take such steps as might be needed to put an end to it. When Dr. Constans reached Morzines he found the population much depressed, every one going in fear of devils, and a deep irritation reigned against the *sorcerers, the authors of the evil.* The treatment of the affected up to this period had consisted in parental intimidation, exorcisms, pilgrimages, and magnetism. Seventeen of the twenty-seven persons attacked in the first seven months of the epidemic had been cured, it was stated, by exorcism. Certain children had recovered spontaneously, and in others the attacks had yielded to promises, or threats of death.

Dr. Constans examined sixty-four of the "possessed." They were mostly celibates, hysterical, chloro-anæmic or scrofulous, and suffering from gastralgia, amenorrhœa, or dysmenorrhœa; the appetite was capricious, the sleep inconstant and light. Idle, loquacious, exalted, and fantastic, they flocked together, card-playing, exciting themselves, mutually and masking the insufficiency of their aliment by the immoderate use of black coffee. Everything gave occasion for a paroxysm, but nothing produced one so surely as the expression of a doubt that they were *possessed.* The paroxysm was ushered in by yawnings, pendiculations, startings, choreiform jerks, alternations of dilatation and contraction of the pupil, and a frightened aspect. Cries, vociferations, and oaths supervened. The physiognomy became dejected and assumed an expression of frenzy. The respiration was panting, and the movements, at first confined to the superior parts, extended successively to the trunk and extremities. Aggression commenced; furniture, chairs, or stools were cast at the spectators; then the convulsionnaires precipitated themselves upon their parents or upon strangers, struck them and struck themselves, bruising the chest or body, whirled about now in one direction, then another, and cast themselves on the back, starting up again as if it were on the rebound of a spring. No erotism mingled with the idea of demoniacal possession, and the affected never uttered obscene words or were guilty of lubrical actions. In the most disordered actions they never exposed the person. The paroxysm endured from twenty to twenty-five minutes, the pulse becoming enfeebled or lost, but the beating of the heart remained normal, while the hands were icy and the feet cold. Towards the decline of the paroxysms, the noise became less, the movements diminished in rapidity, there were eructations, the affected looked around with astonishment, arranged their hair, replaced their caps, drank several mouthfuls of water, and recommenced their work, declaring that they felt no lassitude, and remembered nothing. It was evident, however, that the first assertion was not altogether true, and they heard and saw perfectly during the attacks; closing the eyes if menaced with a blow in the face, and avoiding, under all circumstances, places or bodies which might injure them when they cast themselves upon the ground.

Dr. Constans looks upon the outbreak as of an hysterical character, and that the affected were not altogether responsible for their acts. To this conclusion Dr. Legrand du Saulle (from whose abstract of Dr. Constans' account we derive the foregoing facts) demurs. Milder means proving unavailing, Dr. Constans quickly brought the epidemic to an end by having the priest of Morzines removed, and requiring the commune to be occupied by a brigade of gendarmerie and a detachment of infantry. The people were intimidated, and the "possessions" ceased. ('Ann. Médico-Psychologiques,' and 'Medical Critic.")

THE SEWAGE OF THE WESTERN DIVISION OF THE METROPOLIS.

On Tuesday evening a most influential meeting of the Metropolitan Association of the Medical Officers of Health, Dr. R. D. Thomson in the chair, was held at No. 8 Richmond terrace, Whitehall, to receive the Report of the Committee for general purposes on the proposition of the Engineer of the Metropolitan Board of Works to discharge the sewage of the Western division of the metropolis into the Thames at Cremorne. The Report was as follows:—

"The Committee appointed by the Metropolitan Association of Medical Officers of Health have anxiously considered the Report of the Engineer of the Metropolitan Board of Works, which has been submitted to them in consequence of a communication from Mr. Burge, the Medical Officer of Health for Fulham, made to the Association. They find to their surprise and regret, that although, in common with their fellow-citizens, they had understood that the whole sewage of the metropolis was to be entirely removed from the Thames within the metropolitan area, a proposal is now revived by the Engineer of the Board of Works, to discharge the entire sewage of the western division of the metropolis, from Ranelagh sewer to Brentford, into the river in the neighbourhood of Cremorne Gardens. They find that the area of this district is nearly twenty-one and a-half square miles, and estimate the prospective amount of the sewage at nine and a-third millions of gallons daily, which is nearly equivalent to the eleventh part of the whole sewage of the metropolis.

"It appears that the district so to be dealt with is the largest of the four areas on the northern side of the river comprehended in the system of drainage now in course of being executed under the auspices of the Metropolitan Board of Works, and that the population of London is so rapidly extending in the same direction, that the engineer calculated that the sewage would advance from the eighteenth part when his scheme was published to a prospective increment of one-eleventh of the whole metropolitan sewage.

"The committee understand that before pouring the contents of the western sewers into the Thames, it is proposed to retain the sewage for some time in a reservoir, occupying two acres of space, with a depth of eleven feet, and to treat it with some deodorising agent. The preference appears to be given, principally on economical grounds, to the perchloride of iron, originally recommended by Mr. Ellerman in 1847, and reported on by a Committee of the Vestry of St. Marylebone in December of that year, as being somewhat superior to chloride of lime, chloride of zinc, and nitrate of lead, in destroying the odour of night soil and other similar substances. But the committee are not aware that there is a single ascertained fact to warrant the conclusion that the perchloride of iron absolutely removes any deleterious ingredient from sewage, or that sewage thus merely mingled with solution of perchloride of iron, and discharged into the saline water of the Thames in summer, does not undergo the usual putrefactive decomposition to which the river has been subjected in a greater or less degree for several years. Such deodorizers appear only to act on sewage in its concentrated form. The truth of this position was demonstrated some years ago, when an attempt to deodorize the contents of the main trunk sewers by means of lime ended in failure, because as soon as the sewage was diluted with the impure river water, the influence of the deodorizer terminated, and a putrefactive action was set up in the body of the stream, which was as energetic as if no disinfecting agent had been employed. The committee are therefore under the necessity of coming to the conclusion that the simple mixture of the perchloride of iron with the sewage will only operate during the brief detention of the sewage in the reservoir, and that its use will be found expensive and fruitless so far as the removal of smell from the river is concerned.

"The committee believe that there is no difference of opinion among those who have directed their attention to the subject as to the highly putrefactive nature and unwholesome character of the mechanical impurity in sewage, and of the necessity which exists for removing all such deposit, independently of the employment of deodorizers, since it not only possesses in a strong degree capacity for decomposition, but it likewise has a tendency to communicate its own putrefactive action to other bodies with which it may come in contact. Large reservoirs. to enable the deposit to subside during a longer or shorter period, or an extensive system of filtration, would be imperatively required. But the essential accompaniments of the scheme the committee do not discover to have been contemplated in the reports of the engineer.

"The committee deem it to be the duty of the Medical Officers of Health of the Metropolis to protest against the proposed scheme of the engineer of the Metropolitan Board, because for the reasons assigned it cannot be adopted without a perpetuation of the impurity of the Thames in the midst of the metropolis, and without establishing among an increasing population at Fulham, the dangerous nuisance to health and comfort of what would be equivalent to an immense manure manufactory.

(Signed), R. Dundas Thomson, M.D., F.R.S.,
Chairman of Committee."

On the motion of Mr. Liddell, medical officer of health for Whitechapel, seconded by Dr. Aldis, medical officer of health for Pimlico, the report was unanimously adopted.

After an animated discussion, in which Mr. Burge, Mr. Liddell, Dr. Aldis, Mr. Edwin Chadwick, Dr. R. D. Thomson, Mr. Rendle, Mr. Puckle, Dr. Barclay, Mr. Lord, and Mr. Whiteman took part, the following resolution was unanimously agreed to, on the motion of Mr. Burge, medical officer of health for Fulham, seconded by Dr. White Barclay, medical officer of health for Chelsea:—

"That the attention of this Association having been called to the plan proposed for the deodorization of the sewage of the western district of the metropolis, and its subsequent discharge into the Thames, wish to record their opinion that it will be ineffectual in its operation, pernicious in its influence on the river, and entirely subversive of the principles on which the intercepting scheme was originally based."

It was then agreed that a deputation of the Association should wait on the Metropolitan Board of Works to urge the necessity of their not making the western division an exception to the general scheme of the drainage of London.

The conduct of the medical officers of health fully entitles them to the commendation of the public.

NOTICE.

We have the pleasure to announce that arrangements have been entered into with gentlemen, eminent in their respective specialties, for the publication of courses of Lectures in their several departments. These Lectures will be purely practical, so as to be in the highest degree instructive to General Practitioners throughout the Kingdom.

Our first number in February will contain the first of a series of Lectures

ON DISEASES OF THE EAR,

By James Yearsley, Esq., M.D., M.R.C.S., &c.

As an Aural Practitioner, Dr. Yearsley has long stood at the head of his department in this country. Every practical improvement in aural medicine and surgery since the days of Curtis, Maule, and Stevenson, has originated with Dr. Yearsley, whilst to him especially belongs the only real discovery pertaining to the successful treatment of deafness—namely, the mode of relief in cases of perforate membrana tympani.

These Lectures will be followed by a course

ON DISEASES OF THE SKIN,

By George Ross, Esq., M.D.

Of these Lectures we must, from the necessity of our position, speak with more reserve; but we may say that no pains will be spared to make them practically useful to the readers of the Medical Circular.

Other courses of Lectures, on the various specialties of Medicine and Surgery will follow.

THE MEDICAL CIRCULAR.

WEDNESDAY, JANUARY 7, 1863.

THE NEW YEAR IN AND THE OLD YEAR OUT.

At the conclusion of one year and the commencement of another it has been our custom to render an account of our stewardship. What have we done in behalf of the profession —in the defence of its interests, the maintenance of sound principles in the government of our corporate bodies, the promotion of an effective system of professional education, and the diffusion of science?

The year has not been uneventful, although it has not been characterised by any remarkable scientific achievement. There has been steady progress rather than brilliant accomplishment, and our pages contain a faithful record of everything of importance that has been said or done either in Great Britain and Ireland, or the two continents of Europe and America.

For the first time in the history of periodical literature we have afforded our readers at considerable cost to ourselves the privilege of a complete and accurate translation of a foreign periodical—the Journal of Practical Medicine and Surgery—thus giving the most absolute presentment that was possible of the state and progress of medical science in France and Europe generally. The value of this translation in a scientific point of view is incontestible; but it has had some disadvantages, inasmuch as it has involved the reproduction in our columns of many incidents and items of intelligence which, however interesting to Frenchmen, had no attractions for English readers. We therefore intend to alter our plan, and, after this month, to publish in the Medical Circular only such portions of the Journal of Practical Medicine and Surgery as have a scientific interest, and are consistent with the general scope and purposes of a weekly journal. This change will, we have good reason to believe, be acceptable to a large number of our readers, many of whom are also subscribers to the monthly issue.

The monthly issue as an independent Journal will be continued in its old form without change or curtailment.

During the year, moreover, we have given a translation of Flourens' celebrated work on "Natural Ontology," a work so acute and exhaustive, that within its sphere it is equally above competition and praise. We have also reproduced Bouchardat's "Lectures on Consumption," and shall continue, as opportunities offer, to present our readers with translations of the best works of foreign savans.

English Literature and Science have been also fully represented in our pages. Whatever, in the columns of the numerous journals that came under our review, has been remarkable for novelty, or has indicated a real advance in science or therapeutics, has been transferred to the Medical Circular, so that no other periodical presents so complete a survey of medical literature. Associated with these have been some valuable original lectures and articles by Erichsen, Habershon, Routh, Richardson, Hogg, Yearsley, Churchill, and other distinguished practitioners.

The general topics that have engaged attention during the year have been "*Medical Education*," in relation to better provision for the teaching of dispensing and practical therapeutics, than exists in the present authorised Regulations;—the re-establishment of "*St. Thomas's Hospital*" upon a plan that originated and has been strenuously advocated in this Journal, that of associated town and rural establishments—a plan which we trust will be eventually realised;—"*Cottage Hospitals*," which we are proud to know are springing up at our suggestion throughout the country;—"*Poor Law Medical Reform*,"—a subject in which this Journal has always taken the liveliest interest, and of which it may be regarded as the especial organ;—"*Vaccination and Syphilis*," in connection with which we have withstood the universal application of theories that, if generally accepted, would destroy the confidence of the profession and the public in the blessing which humanity enjoys from the great discovery of Jenner. It is only necessary to advert to these subjects to call to the remembrance of our readers the part which we have taken.

At the conclusion of last year we referred to the contest then going on between the College of Physicians and the Society of Apothecaries, in relation to the right of the former body to grant a licence to practise physic with the privilege of dispensing. Since that time a decision has been given in favour of the College; and this corporation now grants a licence carrying powers similar to those of the licence of the Hall. This improvement is one of the most important that has been made in medical administration. Its salutary effects will be even more obvious ten years hence than at the present time, and will form the foundation of a yet greater advance towards that happy consummation of a "one and indivisible" profession which has been the ardent hope of many generous minds.

It has also been our satisfaction to break down one of the strongest pillars of exclusiveness in the College of Surgeons, by securing the election of Mr. Kiernan to the Board of Examiners of that body. This is the only public journal which engaged in that struggle, although after it was over and the triumph won, most of our contemporaries applauded the victory.

It is appropriate to notice in this place the liberal hospi-

tality of the Council of the College of Surgeons, in throwing open their doors to the profession on the occasion of the annual meeting of the British Medical Association in London. That conversazione will be held in pleasant memory by the thousand members who availed themselves of that opportunity of renewing friendly associations.

With the conclusion of the year 1862, the free examinations of the University of St. Andrews terminated, and henceforward there will be no opportunity of any member of the profession obtaining in this country the degee of M.D. without residence.

During the year some events of importance to the profession have occurred. The election of Dr. Lankester to the Coronership of Middlesex is worthy of note as a triumph in the medico-political arena. The proceedings of the Medical Council in relation to the proposed new British Pharmacopeia have excited considerable attention; although we are doomed still to wait for the publication of that much-required work. The past year has also been made memorable by two trials at law which have had important bearings upon the honour and interests of our profession,—one, the "Windham" case, in which the antagonisms of medical witnesses very nearly led to the exclusion of independent medical testimony from such inquiries; and the other, the recent case of Hall v. Semple, which has jeopardised the profession in another mode, by surrounding the grant of a medical certificate in cases of lunacy with penal risks of a most oppressive character. The law of Lunacy requires alteration in this respect.

The profession has been overshadowed with gloom by the death of some of its most eminent members, more particularly that of Sir Benjamin Brodie, the Nestor of British Surgery; the much-respected Edward Stanley; Dr. M'William, ever famous for his humanity and courage; Thomas Wakley, Editor of the 'Lancet; and Dr. Knox, whose reputation in the future will be second to few of modern teachers and writers.

It is with satisfaction that we record the triumph of the principle on which we originally insisted, not without incurring obloquy, of early retirement from office, in the persons of Luke, Bowman, Budd, Bence, Jones, White Cooper, and others. All honour to those men who, so soon as they found their private engagements trenching upon their duties as hospital teachers, resigned their appointments, and left the field open to the talent and ambition of younger if not better men.

The "Medical Circular" having been established more than ten years, its plan and merits must be so well known, that detailed exposition is unnecessary; we may add, however, that we shall exercise the same vigilance in its management as heretofore, and lose no opportunity of improving and enriching it wherever improvement may be indicated.

SUMMARY OF THE WEEK.

MEDICAL CERTIFICATES.

A medico-legal inquiry has occurred in Leeds, to determine the case of a child who had died under peculiar circumstances. It seems that it had been playing with a needle and broke it, one-half of which only could be found. The child was taken with severe illness, and died. There was a suspicion that the broken needle had entered the child's body. The portion of the case to which we especially desire to call attention is the medical certificate which was written by Mr. Turner in these terms:—"I was called up to visit a child of Mr. Tate in the night death having taken place a few minutes before I reached there. It is my opinion that the child's death was caused from shock to the nervous system and collapse, the result of excessive attempts at vomiting." This certificate was obviously informal. It was given by a medical man who had not attended the patient during life, and offered an opinion not based upon any personal observation of facts. What caused the *excessive attempts at vomiting?* would be a very natural query of the Registrar. He accordingly refused the certificate. Mr. James Braithwaite was then called in, and this gentleman concurred in the certificate, notwithstanding that both gentlemen had been informed of the accident with the needle. Still the certificates were refused, and a *post mortem* examination having been made, the half needle was found to be sticking in the sternum, and to have penetrated the pericardium. The cause of death was now sufficiently apparent. The Coroner made some severe remarks on the facility with which a certificate had been given to frustrate an inquiry, in order that the feelings of friends might be spared.

We cannot, of course, justify conduct that, however kindly meant, was obviously very imprudent; yet Medical Practitioners are not unfrequently put in the dilemma, either of qualifying their opinions or offending their patients. The course that is strictly right is, in the long run, always the most politic. The Medical Practitioners, in the present case, appear to have been both very young men, which must be their excuse. A practitioner of older standing would have had sufficient moral weight with the family to have appeased their apprehensions, and won their consent to the only justifiable course.

LONDON SEWAGE.

The Engineer of the Metropolitan Board of Works seems disposed to nullify the advantages expected to be derived from the enormous expense to which the public have been put by the new system of drainage, and to turn the combined wisdom of Parliament into ridicule. He now proposes to collect the sewage of the west of London into reservoirs, and ultimately to discharge it into the Thames, somewhere in the neighbourhood of Cremorne Gardens. Such a proposition is utterly monstrous; and we are glad to see that the Metropolitan Medical Officers of Health have denounced it in very emphatic language. If Mr. Bazalgette finds the engineering question too much for him, surely there are other engineers who might be consulted. The public must not allow the continued pollution of the Thames. It must be borne in mind that London is increasing westwards with great rapidity; the evil would, consequently, in a few years become intolerable.

DR. TWEEDIE AND DR. MURCHISON.

There has been a controversy between these two gentlemen upon a question of literary right. Dr. Murchison, it seems, prepared some tables on fever, to which he appended comments, and gave them to Dr. Tweedie for the purpose of illustrating his lectures on fever. Dr. Tweedie used the tables, but in such a way that they were made to appear as the result of his own labour, whilst he introduced the explanations and deductions from them with an "As Dr. Murchison says." Dr. Murchison is aggrieved at this partial recognition of his labours. Dr. Tweedie replies that Dr. Murchison made the tables at his request from the records of the London Fever Hospital, where the former was chief and the latter a subordinate; and that until Dr. Murchison published his book, he had made no complaint of unfairness to Dr. Tweedie. On the other hand, it is argued that all the statistics were not derived from the London Fever Hospital, but some from the Irish hospitals also. A little amiability on both sides would easily have settled this not very important matter. It is clear

that Dr. Tweedie's recognition of his colleague's labours should have been more explicit; and it would have been more courteous if Dr. Murchison had made his reclamation in a different manner, and at an earlier period.

ENDOWMENT FOR PRIZES AT THE WESTMINSTER HOSPITAL.

We are happy to hear that Mrs. Chadwick, widow of a liberal benefactor of this hospital, has lately vested 700*l.* Consols in the Lecturers of the School, the interest of which is to be appropriated as prizes to the best students.

PARHYDOR.

This is a new species of impermeable silk for surgical purposes. It is said not to become adhesive by heat, and that it may be boiled without injury. We have employed it, and find that it answers its purpose remarkably well. It is likely, we think, to come into general use.

REVIEW OF THE PERIODICALS.

The 'Medical Critic and Psychological Journal.' There are few periodicals, professional or general, that contain a larger amount of interesting matter than the Psychological. This number opens with a paper on the "Nature of Volition, Psychologically and Physiologically Considered," by Mr. J. LOCKHART CLARKE, which gives an elaborate analysis of the subject. "On the Cooling of the Body after Death," is a paper by Dr. BENJ. W. RICHARDSON, and is *apropos* of the case of Gardner in which the question was in issue. The subject is ably handled; but the answer to the question is still left somewhat vague, since the man who must practically give the answer must be intimately acquainted, in any given case, with all the morbid conditions preceding death. We extract the conclusions Dr. Richardson has arrived at, and publish them in another column. "Free Trade in Medicine" is an exposition, or attack, on a recent work by Dr. VIGOUREUX, who advocates free trade in the practice of medicine. Dr. J. CRICHTON BROWNE contributes an article on "Mania Ephemera," which contains some profitable suggestions. He says what is certainly new to us, that Garrick was liable to temporary aberrations, and after playing Lear or Othello, "passed some hours in convulsions in bed." "Morell's Inductive Mental Philosophy" is a good review of Morell's admirable work. 'Gratuitous Medical Services' deals, not wisely in some respects, with a popular Medical topic. Dr. J. ALEXANDER DAVIES writes on a "New Theory of Vision resulting from a New Theory of the Human Mind." The author says that the inquiry "What part of the material substance supposed to be the mind reflects, remembers, imagines, and feels? which Priestley did not answer is a *real* objection; whilst the *notion* that matter cannot think is only a *prejudice*." He supposes that, nevertheless, the prejudice may be true. His new mental theory "that the mind is the *result* of the *forces* of the *various* parts composing *it*" (the mind), is not very explicit. What are the "*parts?*" However, we refer the reader to the article which does not want ingenuity. "Morbid Impulse," by Dr. MACKINTOSH is good. Other articles follow that will repay perusal, especially one written with much vivacity and power, headed 'Dangerous Classes."

The 'British Medical Journal.' The last number of this periodical contains an interesting article on "The Inhalation of Chloroform as a Remedial Agent" by Dr. L. S. DYER. The author shows the beneficial effects of chloroform in allaying pain and spasm, overcoming muscular resistance, and inducing sleep in various affections where the production of these results facilitated cure. He gives examples of delirium tremens, in which the paroxysm was overcome by anæsthesia, of hernia, where an operation was obviated by the inhalation of chloroform, and so also of several instances of convulsions from vermes and other irritating causes. We intend to re-publish the article. "Rare Cases of Midwifery," by Dr. COPEMAN, of Norwich, comprises a brief report of a case of acute puerperal disease—inflammation of the uterus apparently—by no means a rare case in midwifery. The treatment adopted by Dr. Copeman, after a few leeches and bran poultices had been resorted to by another practitioner—was turpentine stupes, and moderate doses of opium—in this respect also presenting no novelty. The woman recovered. Mr. FREDERICK COX, of Welford, reports a remarkable case in which, after an operation for artificial anus, strangulated femoral hernia occurred; yet spontaneous evacuation of fæces per anum followed, and the patient got well. The woman who was six months advanced in her third pregnancy, was afflicted with hernia. The usual operation was performed, but the bowels could not be returned on account of attachments to the sac. Peritonitis set in, and the wound does not appear to have healed kindly, for on the tenth day fæces issued from it, with speedy relief to the inflammatory symptoms. It was on the twenty-third day after the operation that fæces passed per anum, and the woman recovered from her perilous condition.

'American Medical Times.' Dr. HENRY NOYES contributes an article on the "Effects of Albuminuria on Vision." It contains much interesting information. "Medical Experience at Harper's Ferry," by Dr. JOHN C. DRAPER, gives us a glimpse of the miseries of warfare. The author says "that when he went to the Post Hospital, there was no quinine, oil, laudanum, chloroform, or ordinary drug, but a plentiful supply of ergot and vaginal syringes"—a fine specimen of a military hospital! We have republished elsewhere, an article by Dr. P. STEWART, "On the Use of Compressed Sponge in the Prevention of Lacteal Secretion."

The 'Medical Times and Gazette.' Mr. GULLIVER on the "Blood of the Vertebrata" is continued. The colour of the blood forms the subject of the lecture. He especially adverts to the discordance of opinions relative to the colour of the blood, remarking that because in our temperate climate we find the arterial blood in health always red, and the venous blood purple, we seldom dream of the possibility of a question on the subject. He winds up his observations with a reference to the experiments made on sheep by Dr. Davy at Malta—experiments which showed that at the high temperature of that place there was little difference of colour between arterial and venous blood; the inference being that when, in consequence of high temperature, there is a diminished necessity for the heat-producing changes in the blood, the difference between the colour of arterial and venous blood is not so marked. He then investigates the causes of the bright and dark colour of the blood—alluding expressly to Dr. Priestley's views respecting the action of oxygen, and Dr. Stevens's (not *Stephens*) respecting the operation of the salts—and his conclusion is that the brighter colour of the blood is mainly owing to the effect of certain agents in changing the form of the corpuscles, or inducing a "more or less state" of aggregation, so that they reflect or absorb more or less light. He gives the acute Dr. Wells the credit of this discovery, and is indignant that his claims should be overlooked to enhance the credit of some "very recent German genius." The *uses* of the red corpuscles are then considered. The experiments of Dr. Brown Séquard shewing that the red corpuscles charged with oxygen were the real excitants of animal irritability, and the experiments of Dr. Davy showing that serum had no such power, are succinctly set forth. Mr. C. HEATH contributes to the same journal a "Case of Cancer of the Throat." The difficulty of breathing becoming very great, the operation of tracheotomy was resorted to, but after Mr. Heath had cut through two inches of dense scirrhous tissue, he refrained from proceeding further, and sent for Mr. Fergusson, who, cutting an inch deeper, at length arrived at the trachea, and inserted a tube. The case was obviously a formidable

one. The patient died. Dr. RAMSBOTHAM continues his "Clinical Midwifery." He narrates a case of spontaneous evolution, and Dr. G. N. EDWARDS communicates a case of "Poisoning by Veratrum Viride."

The 'Lancet.' An introductory to a course of lectures on "Molecular Physiology, Pathology, and Therapeutics, and their Application to the Treatment of Disease," by Dr. J. HUGHES BENNETT, opens this journal. This is a learned and able paper, and contains many illustrations. "Lectures on the Diseases of the Ocular Appendages" is by Mr. CRITCHETT. Dr. EDWARD HARVEY contributes an article on "Dialysis as Applied to the Detection of Poisons in Medico-legal Cases. From various experiments he concludes that metallic poisons are more readily detected by this method than are organic substances; and that, for various reasons assigned, it would be dangerous to trust to this means as a substitute of the approved methods of analysis. Dr. MACLEAN reports a case in which the "temperature of a body six hours after death from double pleurisy was found to be 66° in the axilla, 68° in the mouth, and 65° on the chest and abdomen. The temperature of the dead-house was 52°. Mr. WINTERBOTHAM reports a case of "Poisoning by a Grain of Acetate of Morphia" in a child. It fortunately recovered.

MEDICAL SOCIETIES.

MEDICAL SOCIETY OF LONDON.

MONDAY, DECEMBER 8TH, 1862.
DR. SIBSON, F.R.S., PRESIDENT, IN THE CHAIR.

DR. THUDICHUM read in detail the particulars of a case of

RAPID WASTING PALSY, THE RESULT OF STRUCTURAL DISEASE OF THE SPINAL MARROW.

This was illustrated by drawings.

Mr. JABEZ HOGG dwelt upon atrophy of the nerve-cell described by Dr. Lockhart Clarke in these cases: and Dr. Thudichum, he remarked, had traced his case from the beginning to show how it affected the patient. He (Mr. Hogg) had brought microscopic specimens from the case which was first investigated by Dr. Clarke and Dr. Radcliffe. In Dr. Thudichum's case the specimens beautifully showed the pathological condition described.

Dr. SYMES THOMPSON thought the case important as showing that the wasting palsy was due to the diseased condition of the spinal cord. He thought it allied to one he had himself brought before the Society at a former meeting, wherein the palsy chiefly affected the hand. He referred to the views of writers who endeavoured to show that the disease commenced in the muscles and extended to the cord.

Mr. WM. ADAMS did not think there was any analogy between the wasting palsy of children and the case of Dr. Thudichum, as Dr. Thompson supposed. Mr. Adams referred to a case of gradual wasting paralysis of the whole body in a lady, which had been coming on for eight or ten years, and was attributed to mental influence. Her husband died, and two years afterwards she also died, with decided symptoms of cerebral and spinal mischief. She consulted Mr. Adams about her loss of muscular power. It seemed to be a case of muscular paralysis gradually coming on for years. He looked upon it as one of great interest, but was not permitted to trace it out after death.

Mr. JABEZ HOGG related the particulars of a case of

DISPLACEMENT OF THE CRYSTALLINE LENS.

The case was originally described in THE LANCET of June, 1860. The lens was dislocated into the anterior chamber of the left eye, and produced such severe inflammation that it was removed by Mr. Hogg under chloroform, and the patient made a good recovery. Before leaving the hospital he complained of the sight of the other eye, when this was found to depend upon a displacement of the lens, the thin edge of which was turned towards the observer. The position of this subsequently changed, and produced some very curious visual phenomena, which were described.

Dr. BRUNTON exhibited a most ingenious

NEW AURISCOPE

which he had invented, and practically showed its application. He also described its mechanism. With the aid of an ordinary light, and by means of angular reflectors in the instrument, the vessels on the surface of the tympanum could be readily distinguished.

Mr. HULKE exhibited a large

FIBRO-CELLULAR POLPYUS OF THE EAR,

which he had removed from a young man a few days previously. It had been nine years visible externally, the visible part being as large as a cherry; the stalk was so large that it could not be twisted off, but by means of a wire snare he removed it. The patient recovered, and is quite well. Hearing was extinct, and has not returned; and the tumour originated in the cavity of the tympanum.

Mr. HULKE likewise showed a

LARGE HYDATID CYST FROM THE ORBIT,

taken from a pale and sickly child eleven years old, with great protrusion of the left eye, which was one inch in advance of the other, both lids being everted. He could feel a swelling between the lid and orbit below, tense, elastic, without redness or œdema. It had commenced seven months before, and the eye moved in every direction but downwards. He carefully dissected it out, and the case had done well, with return of vision.

Dr. JEPHSON related a case of

MYELITIS SUCCESSFULLY TREATED

at the end of about ten months, in a female patient, in the Great Northern Hospital. The disease was the result of an accident (a fall down steps upon her back) which occurred four years before, causing paraplegia and complete anæsthesia, with a local fixed pain over the first lumbar vertebra, and other symptoms, which he concluded were due to myelitis. The complete recovery of the patient Dr. Jephson considered was attributable in a great degree to counter-irritants, the actual cautery, and caustic issues, combined with galvanism, &c.

Dr. GIBB exhibited the

SKULL OF AN AFRICAN NEGRO WITH A REMARKABLY LONG STYLOID PROCESS.

This was not due to ossification of the stilo-hyoid ligament, but to prolongation of the styloid process itself.

Dr. COCKLE exhibited a

CAVITY IN THE LUNG, IN WHICH METALLIC TINKLING HAD BEEN HEARD FOR MANY WEEKS,

in a girl aged nineteen. This phenomenon was confined to the cavity because the rest of the lung was firmly bound down by adhesions. He thought there was a great analogy between the bruit de pot fele and metallic tinkling. This cavity was quite empty from the beginning, and two weeks before the patient died all the phenomena ceased.

Dr. COCKLE likewise showed a specimen of

CANCER OF THE DUODENUM,

developed in its post-peritoneal tissue. The patient was intensely jaundiced of a dark mahogany colour, with great irritability of the stomach; not even a drop of water could be retained. During life the cancerous mass had simulated cancer of the stomach, so much so that it was believed to have affected the pylorus.

He also exhibited specimens of

HEPATIC CANCER, UNDERGOING CRETACEOUS DEGENERATION,

from a woman, who was admitted into the Royal Free Hospital, intensely jaundiced, and who died collapsed in forty-eight hours. Cancer of the liver was found undergoing cure by cretaceous degeneration. He had not seen this before, and believed it to be singularly rare. Cancer was present in the spleen also. Mr. William Adams thought it doubtful whether cancer was really undergoing cure; for occasionally, he said, we do find ossification of cancerous growths internally, the same as occurs externally. He hesitated to admit the fact that the mere discovery of bone in the disease showed it to be undergoing a cure.

Dr. GIBB asked whether there was any co-existence of tubercle and cancer in this patient, to which Dr. Cockle replied that there was not.

Mr. HOGG asked if a microscopic examination had been made, as he thought the disease might be enchondromatous.

Dr. COCKLE thought that, looking to the entire fusion of the masses, the one into the other, it must be cancer undergoing a process of cure.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, DECEMBER 3RD, 1862.
DR. TYLER SMITH, PRESIDENT, IN THE CHAIR.

The following gentlemen were duly elected Fellows of the Society:—Dr. Charles Campbell, Kingston, Jamaica; Mr. Walter Chapman, Lower Tooting; Dr. E. Ellis, Fitzroy street; Dr. J. Frain, South Shields; Dr. C. C. Hayman, Eastbourne; Dr. Kirkpatrick, Lying-in Hospital, Dublin; Mr. F. Prince, Sawston, Cambridgeshire; Mr. I. S. Shillingford, Peckham; Mr. G. F. Spry, Staff Assistant-Surgeon, Fort Gomer, Alverstoke; and Mr. T. Taylor, Birmingham.

Dr. THOMAS HAWKES TANNER read a paper on

A CASE OF MULTIPLE MEDULLARY CANCER, COMPLICATED WITH PREGNANCY.

After making some preliminary remarks on the duty of recording even solitary examples of rare or complicated diseases, Dr. Tanner proceeded to give the following account of his patient:—He said, "On the 29th of July, 1862, I was requested by Dr. Thane, of Hart street, Bloomsbury, to see with him Mrs C. L.——, aged thirty-nine,

residing in Drury lane. The poor woman was the wife of a very respectable working man, and was in comfortable circumstances for her station in life. She had always enjoyed remarkably good health. None of her relatives had ever suffered from cancer; but there was probably a slight family tendency to phthisis—that is to say, all her half-brother's children had died from pulmonary consumption. She had been married ten years; and was about five calendar months advanced in her third pregnancy. The first child had been born on the 12th of October, 1854. While suckling this infant, pregnancy again took place, and on weaning the child at the beginning of 1856, she aborted, being three months advanced in gestation. After this accident the general health continued very good until the 2nd of May, 1861, when her child died from an attack of croup; and she was rendered so miserable by the loss that she may be said to have been neither happy nor well since. The catamenia had been quite regular until the 25th of February, 1862, but this was the last day of their appearance.

"At the commencement of the present year (1862) a small swelling, about the size of a hazel-nut, was first discovered in the abdominal walls, just to the right of the umbilicus. There was no other symptom of disease appreciable to her husband or herself at this time. The growth gave rise to no annoyance until a few weeks ago, when it commenced enlarging, and became the seat of lancinating pains. Similar swellings also then began to form in other parts.

"On the 29th July, at my first visit, I found her much reduced in flesh and strength. The appetite was good; but as she suffered much from indigestion and flatulence, she was afraid to eat, although the remedies prescribed by Dr. Thane had given great relief. The sleep at night was very disturbed. In the abdominal parietes, just to the right of the umbilicus, there was a well-defined tumour, about the size of a large walnut. Adjoining the lower part of the ensiform cartilage of the sternum there was a more extensive mass, also seated in the abdominal wall. In the left groin there was likewise a flattened growth, about two inches and a half in diameter. On examining per vaginam, a very firm growth was discovered projecting into the canal, feeling as if it had its origin from the lower part of the sacrum, though in reality it was entirely seated in the recto-vaginal septum. It was clear that this mass would soon block up the vagina, and Dr. Thane assured me that it had much increased in size during the last fortnight. As before mentioned, she was five months advanced in pregnancy, and both the uterine souffle and the fœtal heart could be plainly distinguished. The liver was much enlarged, and this enlargement, combined with the size of the uterus, occasioned a wearying feeling of distension, as well as some dyspnœa.

"Taking all the foregoing circumstances into consideration, it seemed certain that the poor woman's comfort would be increased, even if life were not prolonged, by inducing premature labour—a proceeding which did not appear contra-indicated by any feeling for the child, as it was certain that a live infant could not be given birth to through the natural passages. The propriety of waiting and ultimately effecting delivery by the Cæsarean section was discussed; but such a plan of treatment was regarded as not applicable to the present instance.

"Consequently on the 30th July the membranes were punctured, and about half a pint of liquor amnii withdrawn. On the 1st August, labour pains of fair severity set in; but the os uteri was still very rigid on the following afternoon, and as the patient was getting tired and exhausted, and moreover as the mass of cancer in the recto-vaginal septum reached to within almost an inch of the pubes, it was evident that nothing could be gained by further delay. I therefore slowly tried to dilate the os uteri; and this being partially effected, the fœtus was broken up with a pair of forceps, and removed piecemeal. No difficulty was experienced with the placenta; the discharge of blood was very slight; no injury was done to the uterus or vaginal walls, and the poor woman was left tolerably comfortable.

"For some few days she continued to progress favourably; but on the 10th August a severe attack of diarrhœa set in, aphthæ formed on the tongue and gums, and for the first time in her life she became jaundiced. It would only be tedious to give an account of the way in which she daily lost ground; suffice it to say that matters gradually progressed from bad to worse until the morning of the 26th of August, when death took place from exhaustion.

"At the autopsy, fourteen hours afterwards, the body was found greatly emaciated. In the abdominal parietes, to the right of the umbilicus, there was a deposit of firm medullary cancer the size of a walnut, together with a larger growth just below the ensiform cartilage. These were separate tumours, and not infiltrations. The liver was enlarged to about three times its natural size, and studded with medullary masses, varying in size from a pea to a small orange. There was likewise several deposits of cancer in the great omentum, in the spleen, in the walls of the colon, and one large mass binding the sigmoid flexure of the colon to the tissues of the pelvis. In the pelvic cavity there was a separate deposit, extending chiefly down the recto-vaginal septum, and completely blocking up the vagina. The inguinal glands on both sides were enlarged and infiltrated with medullary cancer. The uterus, considering the time which had elapsed since delivery, was of its normal size, and healthy. At the apex of the left lung there was a small deposit of tubercle, which had undergone calcareous degeneration, while at the same part of the right lung there were several small tubercles. The heart was healthy, but its walls were flabby. The kidneys were healthy."

The paper concluded with observations as to the different modes of treatment which might be resorted to in such a case as that detailed, together with the reasons which led to the adoption of that practised.

Mr. Walter Chapman relates

A CASE OF RETENTION OF THE CATAMENIA, FOR MORE THAN TWO YEARS, IN A MARRIED WOMAN.

The history of this case prior to its coming under the care of the author was reported as the fifth case of cure of vesico-vaginal fistula, in the 'Lancet,' of November 24th, 1860, by Mr. I. B. Brown. This lady in her third confinement was delivered, with instruments, of a still-born child, and soon afterwards was found to be the subject of a vesico-vaginal fistula. She was operated on twice, and was cured; the last operation being in the middle of June, 1860. This patient was first seen by Mr. Chapman on the 26th Sept. 1861. She was sitting up, able to superintend her domestic affairs and walk about, and presented the aspect of health. She was of robust stature, rather short, with a superabundance of fat, and forty years old. She complained of great irritability of the bladder and stomach, and of severe pain in the lumbar and sacral regions. When in bed, on external examination of her abdomen, no difficulty was experienced in determining the existence of a large tumour resembling the gravid uterus at about the sixth month. She had no reason for supposing herself to be pregnant, but said she had not menstruated since the operation. On a vaginal examination it was found that the cervix was lost in a general enlargement of the uterus, the mouth of which could not be detected. The speculum revealed the spot where the os uteri had existed, but it was now hermetically sealed. Mr. Chapman stated his opinion that the symptoms resulted from a retention of the catamenia. Dr. Tyler Smith examined the patient, and confirmed the diagnosis. It was agreed that an opening should be made into the uterus for the evacuation of the fluid. This was done by the author, on the 5th of October (assisted by his friend Mr. Thomas Harvey Trent), by passing the index finger of the right hand through the spot which could be detected by the touch as having been the site of the os uteri. Its withdrawal was instantly followed by the escape of ten or twelve ounces of a treacly fluid, of a dark claret colour, perfectly free from any unpleasant odour; and much more gradually flowed away. She was kept in bed, but became very ill on the third day, the symptoms resembling those of peritonitis. From this attack she appeared to recover, and went on tolerably well for some days; but on the morning of the 16th of October, after a night of sickness she became prostrated, and died at two p.m. No post-mortem inspection could be obtained.

Mr. Owen thought that the cause of death might be attributed to the admission of air into the uterus, in its relaxed and enlarged condition. After the gravid uterus is emptied of the fœtus and secundines it immediately contracts to nearly its natural size; but here that reaction was not likely to follow, whilst the daily injection of water which had been employed exposed the organ afresh to contact with the air through the artificial opening, which latter presented no obstruction like that of the os and cervix uteri.

Dr. Graily Hewitt remarked that the chief question to be determined was the cause of the fatal result in this interesting case He considered that it was probably due, as suggested by Mr. Owen, to pyæmia. At the last meeting of the Society, he had alluded to the occasional circumstance of a fatal result following the evacuation of the uterine contents in cases of menstrual retention by subsequent passage of some of the blood into the peritoneal cavity. The explanation of this curious circumstance he had then attempted he still thought the most probable one, and that it was due to the contractions of the uterus becoming more forcible as its bulk diminished. However that might be, it did not seem that in the case now before the Society any such occurrence had taken place. He considered that the best course to adopt in treating such cases would be to make a minute opening, and to allow the fluid to escape as it had collected—gradually; further, that it was decidedly expedient to avoid anything, such as the use of injections of water into the uterus, likely to be the means of conveying air into the cavity of that organ.

Dr. Meadows exhibited

A CASE OF MONSTROSITY.

in which the two lower extremities were absent, and a caudal appendage about four inches long substituted; the body, gradually tapering off, ended in this pointed process; there were no external genital organs, and no anus. Dissection showed that the bowel ended abruptly at the sigmoid flexure of the colon. There were no kidneys or bladder, nor any trace whatever of any urinary apparatus. The supra-renal capsules were present, and were of large size, but there was very little proper structure in them, being chiefly two

membranous sacs. An ovary and a somewhat convoluted Fallopian tube lay on either side of the pelvis, but there was no trace of a uterus or vagina. The liver, spleen, and other abdominal organs were normal, as were all the thoracic viscera.

Mr. SQUIRE noticed the absence of the kidneys as of more interest than the external deformity; that intra-uterine life and growth should go on to the degree here seen without those organs was very remarkable, especially as they are not inactive during the fœtal state as was shown by the occurrence of concretions of uric acid in the kidneys before birth; and he related the case of a still-born male child that he had the opportunity of examining, where the calyces and pelvis of the kidneys were filled with numerous uric-acid calculi, some of the size of small peas. The parents of the child were known to him; the father had been operated on for stone, and was then passing uric-acid calculi by the urethra. He was a continual sufferer from marked symptoms of the uric-acid diathesis.

Mr. OWEN, many years ago, delivered the wife of a respectable farmer in Essex of a well-formed female child, in which the os coccygis was prolonged into a caudal appendix about three or four inches in length, tapering off, and in every respect resembling the tail of an animal, being curled up on the back when at rest, and frequently moved in other directions. The mother attributed this growth to a strong impression made on her mind during pregnancy, for three or four months of which period she had fed a young pig, the beauty of whose tail she constantly admired. Mr. Owen, by the express desire of the mother, removed it by a ligature gradually tightened for a week. The child lived (but never walked without the aid of crutches) for nine years, when she died of hæmoptysis. The parents would not allow an examination. The tail, along with a minute description, was placed in the museum of Guy's Hospital by the late Mr. Bransby Cooper.

Dr. W. TILBURY FOX read a paper

ON THE INFLUENCE OF THE MOTHER'S HEALTH IN THE PRODUCTION OF RICKETS.

The paper commenced with an analysis of the pathological changes in the rickety subject, from which it appears that the leading feature of the disease is simply a deficiency of lime-salt in the early nutrition of the child; and the object of the paper was to point out what appeared to be a tangible cause for such a deficiency—viz., the occurrence of menstruation during the greater period of lactation. A table of examples was given, as exhibiting the matter in its several details and aspects; and in most of the cases which came under the author's observation, it was noticed that whenever mothers had freely and repeatedly menstruated during lactation, the child was rickety, unless the latter had been artificially fed with food (such as milk), and thus furnished with bone-forming material; and the degree of rachitis appeared to be in direct ratio to the amount and degree (both as regards frequency and duration) of this condition, exceptional cases being accounted for in the fact of the mother not wholly suckling her infant. The *modus operandi* of the influence of menstruation upon the composition of the milk was discussed briefly, and though little is known upon the matter, yet it appeared, on comparing together the analyses of Simon on the one hand, and Becquerel and Vernois on the other, that the per-centage of salts is much lessened in nurses who menstruate during lactation, and hence the child wholly fed upon the milk of the latter would probably become rachitic. The author thought it likely that rickets is produced in the majority of cases in this way. The paper then contained some remarks upon the use of certain kinds of food in very general use which conduced to the production or evolution of the disease—for example, Brown and Polson's, the Oswego, and the Maizena so-called corn flours, these being oftentimes merely starch, contrasting them with such as the semola of Bullock and Reynolds, which was rich in gluten or flesh-forming substance; and attention was drawn to a new preparation—the saccharated wheat-phosphates, which might take the place of sugar in the food of children, especially those who are rickety. In conclusion, the author stated that he had introduced the subject as a provocative rather than as a certainty of opinion.

Dr. GRAILY HEWITT believed that there was a very general impression amongst the profession, and he thought also amongst the public at large, as to the inadvisability of allowing lactation and menstruation to go on in the same individual. The theory now propounded by Dr. Tilbury Fox would give an explanation as to the reasonableness of this impression. The subject was so novel that it would hardly be expected that the Fellows of the Society could properly discuss the paper so as to do it justice. Each must observe and collect facts on which to decide *pro* or *con.* in reference to the matter. He would ask Dr. Fox one question: How are those cases to be explained where children, the subjects of rickets, do often, after being apparently successfully treated, relapse long after any evil connected with lactation has ceased to be in operation? Such relapses were, he had observed, by no means uncommon.

Dr. GERVIS wished to ask the author of the paper how, on his theory, the occurrence of rickets in children wholly brought up by hand, or in children whose mothers did *not* menstruate during lactation, was to be explained? The fact also of the children of mothers who menstruate during lactation in many cases certainly not proving rickety, would appear to militate against Dr. Fox's view. Dr. Gervis was inclined to consider that the occurrence of menstruation during lactation was not *par excellence* the cause of rickets, possibly influential in its production just so far as it proved injurious to the mother's health.

Dr. FOX, in reply, begged the Society to remember that the matter had been brought before them, not because the observations were conclusive, but for the purpose of courting inquiry. The mode of causation pointed out was not the *sole* one; for, as Dr. Graily Hewitt had observed, rickets might ensue after the weaning of the child. In this case the disease was due to, or the tendency to it worked out by, the use of foods deficient in certain constituents. So far, however, as his (Dr. Fox's) observation went, it appeared that most rickety children belonged to mothers who had menstruated during lactation; and if the paper should appear in print, the Fellows would find in the list of case instances of rickets affecting one member only of a family, all the concomitants of the rearing of the children being the same, with the exception that the mother menstruated regularly and freely when nursing the rickety child, and then only. In reference to Dr. Druitt's remarks, it might be observed that the leading pathologists held that all that is necessary to the production of rickets is a deficiency of lime; and this conclusion seems inevitable if we glance at the intimate structure of the rickety bone, in which all the cellular components are fully developed, and in which all the only unusual condition is an absence of calcareous matter. Dr. Gervis may possibly find in the exceptional cases mentioned by him, where children are not rickety, though nursed by mothers menstruating, that some such cause as artificial feeding explains the apparent contradiction. In reply to a question from the President, as to how rickets occurring during intra-uterine life could be accounted for, Dr. Fox remarked that the worst case he had met with was that of a child whose mother menstruated during pregnancy.

LEGAL INTELLIGENCE.

HALIFAX COUNTY COURT, DEC. 10.
(Before J. STANSELD, ESQ.)

PUGH *v.* WELLSMAN.

This was an action brought by plaintiff, a surgeon residing at Brighouse, against the defendant, a plumber of the same place, to recover 13*l.* 17s. 6d. for medical aid and attendance from May to July last. Payment was disputed on the ground of improper treatment; the defendant, however, admitted part of the debt, and paid 7*l.* 10s. into court. The case for the plaintiff was ably conducted by Mr Fairless Barber, of Brighouse. During the period named, there were two illnesses, the plaintiff attended defendant in the first instance, and as the case was as a serious one, he consulted with Dr. Kenny. The result was that the patient recovered, and plaintiff's visits ceased on the 28th of June. It appeared, however, that the defendant went to Askern, and having there indulged too freely, was *again* atacked with the former complaint, inflammation of the bowels. The plaintiff again attended him on the 23rd of July, but relinquished his charge of the case, in consequence, as is stated, of Dr. Kenny telling the defendant that he had been wrongly treated by the plaintiff in his first attack. The result of the trial was that the defendant was ordered to pay the balance of the account in a month. It appeared in evidence that the defendant had expressed no dissatisfaction with the plaintiff until his bill had been delivered. We notice this case in consequence of the use which was made of Dr. Kenny's name by the defendant. If Dr. Kenny had really used the words which were attributed to him, why was he not called on the defence? It was clearly not the duty of the plaintiff to place him in the witness box. Mr. Barber exercised a wise discretion in resting his case on its simple merits; he would not have been justified in assuming that Dr. Kenny had animadverted on the conduct of a professional brother in so extraordinary a manner. Until Dr. Kenny gives a denial to the statement which was made, we feel it our duty to acquit him of so grave a departure from professional decorum—a course of conduct which becomes, if true, the more reprehensible from the fact of his having been originally called into consultation by the plaintiff. It is to be regretted that actions of this kind should arise under any circumstances, but much more so if they are instigated by the unguarded comments of a professional man.

ALLEGED NEGLECT OF DUTY BY A MEDICAL OFFICER.

On Tuesday, the 23rd ult., an inquiry was held by John Mainwaring, Esq., an inspector from the Poor-law Board, at the Board Room of the West Derby Workhouse, on a charge of neglect by Dr. Lodge, one of the medical officers of the Union, in reference to the death of a man named William Saxon. It appeared that Saxon visited his sister on Thursday, the 13th of November, and being taken ill, was unable to return to his own home, only about a quarter of a mile distant; he was therefore provided with a bed in her room. On Monday morning, as he was no better, his sister went to the workhouse to the relieving officer, in order to procure the advice of a

medical man, and an order was given her to apply to Dr. Lodge. She took the order to his house but he was not at home. In the evening, about seven o'clock, she saw Dr. Lodge, who then had the order, and said, "Who is this William Saxon? I shall not see him to-night." She told him the case was "urgent," but he still refused to attend, and said that "all those who want parish relief must have their notes signed before nine o'clock in the morning." The man died at half past ten o'clock on Tuesday morning, having received no medical assistance. Dr. Lodge, however, called about one o'clock on that day, and finding the man dead, expressed himself willing to give a certificate of his death, which he did. The inquiry was conducted at great length, but the chief point that presented itself for notice is that the relieving officer to whom the sister of the deceased applied for the order would not in the order describe the case as "urgent," and Dr. Lodge would not act without it. It further appeared that the relieving officer had for some time ceased to describe cases as "urgent," in consequence of an understanding which he said he had come to with Dr. Lodge, as many cases had been represented as "urgent" which, in his opinion, were not so. This understanding was however, denied. In his explanation, Dr. Lodge said that "There is a general impression amongst the profession not to attach any importance to the opinion of poor patients, and in the absence of the relieving officer's statement of urgency, they exercise their own discretion as to whether they should attend or not.

The Commissioner.—Then you mean to tell me that if the friends of a patient bring you an order and tell you that the man is very bad, you are not bound to go.

Dr. Lodge.—These cases are of daily occurrence, and we do not feel bound to attend to such.

The Commissioner said he would lay the case before the Poor-law Board, and their decision would be duly communicated.

OBITUARY.

MR. EVANS, OF BELPER.

The death of Mr. Evans, of Belper, which took place on November 20 last, is an event which requires more than a passing notice.

For the last eight or ten years, owing to the infirmities of advanced age, he had retired from the active duties of his profession, but for many years previous to that time he was known far and wide as one of the most eminent surgeons of his day. As an operative surgeon and oculist, he was surpassed by few, his operations in many cases being marked by great ingenuity and boldness—a boldness almost always justified by success.

He tied the carotid artery three times—twice successfully. As a lithotomist and operator for hernia and cataract, he was particularly successful.

One striking excellence in Mr. Evans' professional character was the tenacious perseverance he displayed in applying the resources which great natural ability and careful observation constantly suggested; and he was thus, under Providence, the means of saving life under circumstances often considered hopeless, as illustrated by the following cases:—

A case of poisoning by laudanum—the patient having taken an ounce and a-half of laudanum and half-a-pint of gin—in which he successfully emptied the stomach on December 6, 1817, by means of a large syringe attached to an œsophageal tube, on the principle of the stomach-pump, two years before the instrument was invented. The case was published in the 'Transactions' of the Associated Apothecaries and Surgeon-Apothecaries of England and Wales for the year 1823.

But the operation, which caused a great sensation at that time, and extended his reputation to foreign countries, was a case of aneurism of the arteria innominata, treated successfully by ligature of the common carotid on the distal side of the tumour, and recorded in the 'Lancet' of November, 1828, and in Wardrop's work on "Aneurism." It may be interesting to the Profession to know that the patient on whom the operation was performed is still living at Belper, in the enjoyment of good health, after a lapse of thirty-four years.

About the year 1833 he extirpated a cancerous uterus in the case of Mrs. H., who survived the operation thirteen months. The uterus is at present in the museum of Queen's College, Birmingham.

The unwearied attention and kindness which Mr. Evans exercised in the discharge of his professional duties, his readiness at all times to lend his aid, and the confidence he inspired in those who sought it, will be testified by all who knew him, in every station of life.

Of his general character it is more difficult to speak. Unobtrusive and retiring, and possessing an almost child-like simplicity, he was distinguished in an eminent degree by that charity which "thinketh no evil;" while, at the same time, he was ever active in suggesting and promoting every good work. He is gone, full of years, to his rest, having entered his 83rd year; but his memory will be long cherished, not only by his numerous family, but by the many friends far and near who have long appreciated his worth.

Births, Marriages, and Deaths.

BIRTHS.

BRANDE.—On the 30th ult., at Bungay, the wife of S. E. Brande, M.R.C.S.E., of a son.

BROWN.—On the 21st ult., at St. John's, Melrose, the wife of W. Nimmo Brown, M.D., of a daughter.

CROLY.—On the 28th ult., at Harcourt street, Dublin, the wife of H. Gray Croly, L.K.Q.C.P.I., of a daughter.

CROSBY.—On the 31st ult., at Finsbury place, the wife of T. B. Crosby, M.D., of a son.

DAUGLISH.—On the 23rd ult., at Hampstead, the wife of Dr. Dauglish, of a daughter, still-born.

DAVY.—On the 22nd ult., at Garville avenue, Rathgar, Dublin, the wife of E. William Davy, M.B., of a son.

LEGAT.—On the 21st ult., at South Shields, the wife of A Legat, M.D., of a son.

MARRIAGES.

BEITH—DOUGLAS.—On the 18th ult., at St. James's church, Plymouth, Robert Beith, M.D., Deputy Inspector-General of Hospitals and Fleets, to Jessie Douglas, only daughter of Captain A. Smith, R.N., of Oakendean, Melrose.

BUCKENHAM—ROACH.—November 20, at Old Lakenham church, Norwich, John Buckenham, L.R.C.P. Edin., to Mary, second daughter of E. Roach, Esq., of Norwich.

DEWDNEY—DAY.—On the 20th ult., at Stoke Canon, Exeter, William Dewdney, Esq., of Stoke Canon, to Eliza, only daughter of F. Day, M.D., of the same place.

FYFE—MILLAR.—On the 23rd ult., at Jedburgh, George Fyfe, Esq., of The Nest, Jedburgh, to Marion, daughter of the late J. Millar, F.R.C.P. Edin.

DEATHS.

BARNES.—On the 21st ult., John Barnes, L.R.C.S. Edin., of Maghull, Lancashire.

BINGLEY.—On the 13th ult., William Phillips Bingley, Medical Pupil at University College, aged 23.

BOSSEY.—On the 22nd ult., Peter Bossey, F.R.C.S.E., of Worthing, Sussex, aged 66.

BEVAN.—On the 24th ult., at Newland House, Gloucestershire, Jane Hamilton, relict of R. Bevan, M.D., of Monmouth, aged 77.

LIGHTFOOT.—On the 21st ult., at Easton, Ann Maria, widow of S. Lightfoot, M.D., aged 81.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise on the 24th ult.:—William Leonard Cass, Goole, Yorkshire; James Murray Lindsay, Queen's-road, Grove-lane, Camberwell; Adam Rae Martin, Rochester, Kent; Albert Louis Peacock, Huntingdon; Peter Swales, Hemlsey, Yorkshire; Francis Young, Carlton-road.

ELECTION OF A MEDICAL CORONER FOR SHREWSBURY.—Mr. John Sides Davies, surgeon, has been elected coroner for the borough of Shrewsbury. The election is in the hands of the Town Council.

PROPORTION OF BIRTHS TO DEATHS.—In the first three quarters of the past year, the excess of births over deaths in Great Britian was 248,537, a natural increase greater by 16,063 than in the corresponding portion of 1861.

UNIVERSITY OF DUBLIN.—At the winter commencement held in the Examination-hall of Trinity College, on Wednesday, December 17, 1862, the following Medical and Surgical degrees were given:—*Doctors in medicine*—Rev. Samuel Haughton (*stip. cond.*); Thomas Waugh Belcher. *Masters in Surgery*—John Blair Elmes; Philip P. Lyons; John Fred. Boyes. *Bachelors in Medicine*—John E. Barker; Francis Johnson; Thomas White; Philip Patterson Lyons; Dionysius F. Keegan; John Fred. Boyes; Rev Samuel Haughton (*stip. cond.*); William H. J. Humphreys; Arthur Wynne Foot.

UNIVERSITY COLLEGE STUDENTS' CHRISTIAN ASSOCIATION.—On Friday evening, December 19, a special meeting of the above Association was held in the lecture-room behind Regents's-park Chapel, to commemorate the founding of the Society, exactly twelve months previously. The chair having been taken at eight o'clock by Professor Malden, A.M., the Rev. Dr. Hoppus offered prayer. The Secretary, Mr. Coxeter, then read the past minutes of the Society, after which short addresses were delivered by the President, Mr. C. Reed, Professor Hoppus, Dr. Hare, Dr. Edward Ellis, Mr. W. Scannel Lean, Mr. Bompas, M.A., and others. About forty students were present on the occasion, In concluding, the chairman expressed the very great pleasure he had felt in being present at such a meeting, and sincerely hoped that the Society would be increasingly prosperous. This Association, now numbering nearly fifty members, composed of students from both the faculties of Medicine and Arts, and which is entirely unsectarian in its character, has for its objects the conversational study of the Scriptures and prayer; and it also affords to new students, especially those who are strangers in London, an opportunity of forming good and useful friendships.

Death by Fire.—At the inquest held by Mr. Bedford on the bodies of six children named Spencer, who perished by fire, in Soho, Dr. Buzzard said :—"Certain characteristics were common to all of them. There was little or no decomposition. In all the eyelids were firmly closed. In all the extremities were contracted, and the fingers firmly clenched. With one exception the burns were not at all deep, but they were very extensive. As a rule, fully three-quarters of the whole surface of the body were injured. In all the hands were the parts most affected. In the three eldest children, both arms were drawn up across the chest, the hands being doubled up, the fingers clenched, with the nails close to the chest, as though they were trying to open the chest with the fingers. All the children were in precisely the same position. He opened Edward, his being the body which was least injured by the fire. In cutting through the integuments covering the chest he found them deeply injected with a brilliant red colour. He found that the lungs were very much congested with an unusually bright red fluid. All the cavities of the heart were empty. The brain was found somewhat congested with bright red blood. Generally, none of the blood he met with in the course of his examination presented the ordinary character of venous blood. There was no black blood ; it was all red. In the case of Edward he believed the cause of death to have been the shock from sudden and extensive burns, and not from suffocation. Judging from that one examination, and the characteristics common to all, he should pronounce the cause of death to have been the same in all the cases."—A Juror : Do you think the children were burnt while alive ?—Dr. Buzzard : I cannot give an opinion on that point. I believe the burns were inflicted during vital action, but I could not tell whether consciousness existed. There cannot be any possible evidence whether the children were asleep or not at the time the fire reached them.—The Foreman : The children were burnt to death—not suffocated ?—Dr. Buzzard : Burnt to death, undoubtedly. There is no evidence of suffocation.

Singular Death of a Child in Leeds.—The Practice of Medical Men.—At the Town Hall, yesterday, Mr. Blackburn, coroner, held an inquest on the body of Emily, the daughter of Henry Tate, bookkeeper, Sheepscar-fields. The deceased was two years and eight months old, and had enjoyed good health up to the time of her death, which occurred soon after midnight on Friday last. On the evening of that day the child was sitting near the table playing with a needle, and, as it is supposed, broke the needle by pressing it against the edge of the table. She complained of having been pricked, and a red spot, about the size of a pin's head, was found on her chest, just over the heart. The child did not scream or cry, and it was not supposed that anything very serious had occurred. A poultice was applied to the child's chest, and the family retired to rest about ten o'clock. At that time only half the needle could be found. In about twenty minutes the child began to retch and vomit seriously, and the parents, unable to account for the sudden illness, gave the child some brandy and water. She became no better, however, and in about two hours and a-half the father went for Mr. Turner, Surgeon, Camp-road, but before he arrived the child was dead. On the day after, Mr. Turner gave the following certificate :—"I was called up to visit the child of Mr. Tate in the night, death having taken place a few minutes before I reached there. It is my opinion that the child's death was caused from shock to the nervous system and collapse, the result of excessive attempts at vomiting." This certificate was taken by the ather of the child to the registrar, and that officer was not satisfied with it. On Sunday, Mr. James Braithwaite, Surgeon, and Mr. Turner, called together to see the child, and they gave a joint certificate to the same effect as the above. Still the registrar was not satisfied, and he applied to the coroner. After hearing all the circumstances, the coroner ordered that an inquest should be held, and a post-mortem examination of the body made, and the result of this proceeding was the discovery of the missing half of the needle, firmly embedded in the cartilage of the chest, the point of the needle piercing the bag of the heart. The interior of the bag was full of blood, and that led to the death of the child. The evidence given at the inquest was of a rather contradictory character. Mr. Tate stated that when he arrived at home his wife's sister told him that the child had been playing with a needle, that she had broken it, and that only one half of it could be found ; but, on being called, the lady denied having made any such statement to him, or having seen the child playing with a needle at all. The medical men admitted having been informed about the breaking of the needle and the missing of half of it ; and the coroner expressed his surprise that, in the face of the almost irresistible conclusion that the missing half of the needle was in the body of the child, the surgeons should have given the certificates they had. He then called the attention of the jury to the improper practice of surgeons who had never seen persons during life, giving certificates of the probable cause of death, with the view of trying to prevent the holding of inquests. He (the coroner) was anxious to avoid holding unnecessary inquests, but in practice he found that many of the certificates of medical men were not to be relied upon. There were grades in the medical, as well as in the legal and other professions, and the certificates of some men he could with confidence believe ; but he knew that in many cases the medical man constituted himself coroner, and himself decided whether there should be an inquest or not. It was a very improper proceeding, and was done by medical men who had good patients, to avoid the holding of inquests. Mr. Braithwaite admitted that the practice complained of was adopted. The jury expressed their disapproval of the practice, and also expressed surprise that in the case of the above child a medical man was not sent for earlier. A verdict of "Accidental death" was returned.—'Leeds Mercury.'

An Unqualified Practitioner.—On Tuesday, the adjourned inquest on the body of Mrs. Sarah Bowler, who, it was alleged at the former inquiry, had met her death through the unskilfulness of her medical man, a non-qualified Medical Practitioner, was resumed at the "Wheatsheaf," St. Leonard's avenue, Bromley, before H. R. Walthew, Esq., the Deputy Coroner. Mr. Marsh appeared for Mr. Talbot, and a large number of the Medical Profession were present. From the evidence adduced at the former inquiry, it appeared that the deceased was delivered of a male child on Monday, December 8, by Mr. Talbot, of Grundy street, at ten o'clock in the morning, hæmorrhage occurring immediately after. At one o'clock, Dr. Kennedy was seen passing by, and Mr. Talbot tapped at the window, and called him in. Dr. Kennedy immediately removed the placenta, but deceased died half-an-hour afterwards. He was of opinion that the placenta should have been removed within from half-an-hour to three-quarters after the hæmorrhage occurred. The coroner now observed that, since the former inquiry, he had referred to "Denham's Practice," and he believed it was a general opinion that the placenta should be removed as soon as possible after the child was born, providing the patient was not in a fainting condition. There was no doubt that three hours was a very long time to elapse before taking those steps ; and, with respect to the law, if it was proved that deceased was able to undergo the operation, but that it was unnecessarily delayed, then the case would amount to that of manslaughter. Dr. Kennedy had stated that, when he was called in, the deceased was not in a fainting state ; on the other hand, Mr. Talbot stated that she was in a fainting condition the whole of the time. He (the coroner) was surprised that a gentleman like Mr. Talbot should practice without being properly qualified under the Act. Mr. Talbot had stated that he attended lectures for three or four years at Guy's Hospital, but the attending of lectures, and holding certificates to that effect, did not qualify a man for practice, but merely showed that the holder of them had been present on such occasions. The jury having consulted, returned a verdict that deceased died from hæmorrhage produced by natural causes.

Longevity.—The Rector of Wanstead writes to the 'Times' that "Thomas Lucas died at Wanstead on Saturday, December 20, 1862, at the reputed age of 105, and was certainly 104. He was born at Bygrave, in Hertfordshire, and was baptized in 1762. According to what his mother told him, he was either four or five years old when baptized, and he remembered walking to church on that occasion, when a younger brother was baptized with him. The old man's memory was so good that there seemed no reason for doubting the accuracy of his statement. His family consider him to have been 105. He was formerly farm-bailiff to Mr. Long Wellesley, at Wanstead-house, had been married and had several children, of whom some at advanced ages are still living. He had a remarkably healthy aspect and clear grey eye, was of courteous manners, and of a very cheerful temper, and retained excellent health and the complete use of all his faculties (including his memory, hearing, and eyesight) till almost the end. Until within a few months of his death, he chopped his own firewood, was conversational and agreeable to visitors, and was generally in the full enjoyment of life. As he died on December 20 (the day before his birthday, which was on December 21), he had, in point of law, completed 105 years.

Deadly Rifle Ball.—There is in use in the Federal army a Minié ball so manufactured that when it enters the body it divides, and there is danger of a small ring of zinc being left un-extracted, which is said to account for a large proportion of the wounded being attacked by erysipelas.

Appointments.—Alexander Borthwick, M.D., has been appointed Consulting Physician to the Crichton Royal Institute, Dumfries, *vice* Jas. Grieve, M.D., deceased. — George Granville Bothwell, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Rathmullen Dispensary District of the Milford Union, Co. Donegal, *vice* Walter de Burgh, L.K.Q.C.P. Ireland, deceased.—Henry Graves Bull, M.D., has been elected President of the Hereford Permanent Library.—John Caldwell, M.R.C.S.E., of the 'Mars,' Assist.-Surg. R.N. Dec. 31st, 1853, has been promoted to Surgeon.—Alfred Clarke, M.R.C.S.E., has been appointed Medical Attendant to the Gloucester Municipal Charities, *vice* W. M. Meyler, M.R.C.S.E., deceased.—Thomas Coghlan, M.D., of the 'Beagle,' Assist-Surg. R.N., Dec. 5th, 1853, has been promoted to Surgeon.—Peter Cullen, M.R.C.S.E., Assist.-Surg. Indian Service, has been appointed Civil Surgeon of Dumoh, *vice* M'Dermott, resigned.—James Davidson, M.D., Surgeon, R.N. Sept. 12th, 1848, has been appointed to the 'Meeanee.'—John Dickson, M.D., has been appointed Physician to the Dumfries and Galloway Royal Infirmary, *vice* Dr. J. Grieve, deceased.—C. M. Duff, M.D., Surgeon Madras Service, Acting Sur-

geon 3rd District, has been appointed Surgeon of that District, *vice* Maclean.—John Edmunds, M.R.C.S.E. has been appointed Surgeon to the Denbighshire Regiment of Yeomanry Cavalry.—Henry Hamilton, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for District No. 2 of the Bridge Union, Kent, *vice* H. Ussher, M.B., appointed Resident Medical Officer to the Wandsworth Dispensary.—Christopher Heath, F.R.C.S.E., Assistant-Surgeon to the Westminster Hospital, has been appointed Lecturer on Anatomy in the Medical School of the Westminster Hospital.—Carsten Holthouse, F.R.C.S.E., Surgeon to the Westminster Hospital, has been appointed Lecturer on Surgery in the Medical School of the Westminster Hospital.—John Hudson, M.R.C.S.E, of the 'Cumberland,' Assist.-Surg. R.N. Dec. 5th, 1853, has been promoted to Surgeon.—Charles Hunter, L.F.P.S. Glas., has been elected Medical Officer and Public Vaccinator for the Aberlemno District and the Forfar Workhouse, *vice* J. Edward, M.D., deceased.—William Jeynes, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the East Croydon District of the Croydon Union, Surrey, *vice* A. G. Roper, M.R.C.S.E., resigned.—John Wilson Johnston, M.D., Assist.-Surg. Indian Army, has been appointed Civil Surgeon of Goojrat.—W. Alexander Leslie, M.R.C.S.E., Senior 1st Class Assist.-Surg. Indian Service, has been promoted to Surgeon, *vice* Carnegie, deceased.—C. Clarke Linton, M.R.C.S.E., Deputy Inspector-General of Hospitals, Indian Service, from Mysore Division (acting in Southern Division) has been posted to the Southern Division.—W. Mackenzie, Surgeon-Major Indian Service, has been appointed to act as Deputy Inspector-General of Hospitals during the absence in Europe of Deputy Inspector-General C. J. Smith.—Martin Talbot O'Kelly, L.R.C.S.I., has been elected Medical Officer to the Workhouse of the Celbridge Union, Co. Kildare, *vice* Robt. H. Mouritz, L.R.C.S.I., resigned.—C. Paterson, M.D., Acting Deputy Inspector of Hospitals, Indian Service, has been appointed Deputy Inspector General of Hospitals, *vice* Graham, retired.—John Wm. Henry Watling, M.R.C.S.E., has been elected Medical Officer for the Wavertree District of the West Derby Union, Lancashire, *vice* J. Kenyon, M.R.C.S.E., deceased.—Fred. Poynton Weaver, M.D., has been elected Medical Officer and Public Vaccinator for the Frodsham District of the Runcorn Union, Cheshire, in the place of J. Jones, M.R.C.S.E., deceased.—George Irvin Willes, M.R.C.S.E., Surgeon R.N. May 5th, 1854, has been appointed to the 'Egmont.'

APPOINTMENTS FOR THE WEEK.

Wednesday, December 7.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Obstetrical Society of London, 8 p.m.—Annual Meeting.—Address by the President, Dr. Tyler Smith.

Thursday, January 8.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m. Fibrous Tumour of Uterus, Excision of Hypertrophied Labium of Clitoris; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Frankland, "On Air and Water." (Juvenile Lectures.)

Friday, January 9.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, January 10.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

Monday, January 12.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.; Medical Society of London, 8½ p.m.

Tuesday, January 13.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.; Royal Institution, 3 p.m.; Royal Medical and Chirurgical Society, 8 p.m.

BOOKS RECEIVED FOR REVIEW.

Half-Yearly Abstract of the Medical Sciences. Vol. XXXVI. London: John Churchill.

The News Almanack.

The Dental Review for January 1863.

Excessive Infant Mortality—How can It be Saved. By M. A. Baines, Esq. London: John Churchill.

NOTICES TO CORRESPONDENTS.

CHIRURGUS.—Certainly.

H. W.—Dialysis depends upon the different rates of diffusibility of fluids. A dialyser is a hoop on which a kind of parchment has been stretched. This is floated on water. Another fluid is then placed upon the dialyser. The change effected in the fluids by this method constitutes the analysis.

QUERIST.—We presume that the method of performing the operation has been correctly reported. After the ecraseur, we are at liberty to credit any other extraordinary invention.

DR. J. S.—It would be unsafe to give any opinion upon the case from a written description only.

MR. GRAY is thanked.

MR. BURNS.—Yes.

MR. STEEL.—Received with thanks.

DR. W. B.—1st. Your belief is correct.—2nd. It would not be illegal.

A SUBSCRIBER.—You might, as the younger man, call on the established practitioners, to show your desire to be on an amicable footing. It is nobody's business to know of a new arrival in the town.

MR. SCOTT.—We are much obliged.

ALPHA.—You had better enquire at Mr. Renshaw's in the Strand. This gentleman published many of Dr. Knox's works, and will be able to give you correct information.

MR. JAMES S.—We have not seen the preparation. It would be inadvisable to trust to the puffing notice of it.

DEVONIENSIS.—1st. Yes.—2nd. Yes.

A SUBSCRIBER (Hull).—Veratrum Viride is described to be a powerful sedative; we should doubt the efficacy of a powerful sedative to regulate the heart's action under the circumstances stated. It should, at any rate be administered with caution. It is given in the form of tincture.

A. L.—The excruciating pain with swelling over the scapula, indicates malignant disease. Rheumatic or neuralgic pains do not continue for so long a period.

MR. BURTON.—Received with thanks.

MR. WM. H. CRISSLEY.—A laryngoscope can be obtained from any surgical instrument maker—Weiss, Fergusson, &c.

Now ready, price 12s.; or sent by post, on receipt of 13s. in Postage Stamps,

THE

JOURNAL OF PRACTICAL MEDICINE & SURGERY

FOR THE USE OF MEDICAL PRACTITIONERS,

For the Year ending 1862.

TRANSLATED FROM THE FRENCH BY D. McCARTHY, M.D.

Vol. V. of the English Edition; Vol. XXXIII. of the French Edition.

NOTICE.—Those gentlemen who, being New Subscribers, do not possess the previous volumes are respectfully informed that a few complete sets remain on hand, and may be had at 7s. 6d. per volume, or 30s. for the four volumes.

When it is taken into consideration that the JOURNAL OF PRACTICAL MEDICINE AND SURGERY presents to the Reader a complete Cyclopædia of Foreign Medical Literature and Science, it is submitted that no more important work can be added to the library of every Medical Practitioner.—It must not be regarded as an ephemeral periodical, but rather as a permanent record of the progress of the Profession, and a valuable compendium for Medical and Surgical reference.

JOURNAL

OF

Practical Medicine and Surgery.

Art. 6351.

HOSPITAL SAINTE EUGENIE.

(MR. BOUCHUT'S CLINICAL CONFERENCES.)

Purpura—Morbilli graviores; inflammation of the vulva—Application of the Ophthalmoscope to the diagnosis of tubercular meningitis.

Two children, respectively affected with *purpura simplex* and *purpura hæmorrhagica*, were recently admitted into Mr. Bouchut's wards. The latter was a little girl aged nine years, the offspring of healthy parents; she had been surrounded with every care, and her diet had always been excellent; in her case, purpura could therefore be traced to none of its usual causes. For the last three months, however, her digestive powers were impaired, and she complained of diarrhœa, headache, and debility. These circumstances sufficiently accounted for a change in the composition of the blood, and had brought on a condition of the system which is, in general, induced by insufficient food, or chronic exhausting affections. In the other patient the purpura had, as usual, resulted from want of proper nutriment.

In adverting to these cases, Mr. Bouchut took this opportunity of sketching the history of purpura in a lecture, of which the following is an abstract:

Unnecessary anatomical refinement has led to the adoption of divisions of the disease, which are not warranted by clinical observation. There are in reality but two forms: *purpura simplex*, in which no sanguineous exudation exists beyond ecchymotic patches of various size, and *purpura hæmorrhagica*, which is attended with more or less copious effusion of blood.

In the case we have alluded to, the principal symptoms were ecchymotic patches, epistaxis, and a tendency to pulmonary hæmorrhage; the skin was anemic, pallid, and œdematous, and the urine contained a trifling amount of albumen. In this affection the blood undergoes changes of quantity and composition, and chemical analysis demonstrates that the alteration consists in diminution of the fibrin, and disintegration of the red corpuscles; but here, as in scurvy, other changes exist in addition to the decrease of the grosser constituents of the blood, and the fibrin is found to have, in a great measure, lost its plasticity and coagulating power. So marked is this liquefaction, that after phlebotomy, the blood has continued to escape uninterruptedly from the wound, and ligature of the vein has been recommended. When this alteration of the circulating fluid takes place, as in typhoid fever, hæmorrhagic patches become apparent beneath the epidermis and the epithelium, on the palate, tongue, lips, conjunctiva, bronchi, intestines, bladder, etc. Similar changes may also be detected on dissection in the different viscera, beneath the pleura, arachnoid, and pia mater, in the vertebral cavity, and on the surface of the spinal cord. Petechiæ, patches, vibices, superficial or deep-seated hæmorrhage, all arise from one cause, the diffusion of the contents of the blood-corpuscles.

Purpura may be attended with fever. The patches appear in successive eruptions, and fade away like the stains of traumatic ecchymosis. The disease is essentially sporadic, and the epidemic and contagious forms described by authors are most probably not unconnected with typhoid.

The affection is always curable, and Mr. Bouchut's patient left the hospital after three petechial eruptions. Hæmorrhagic purpura is of more serious import, because the blood becomes rapidly impoverished in a dangerous manner, and a sudden return of the hæmorrhage may be followed by deep and often fatal exhaustion.

We should not omit to state that purpura may be distinguished from scurvy, by the absence of the sponginess and lividity of the gums which are always present in the latter.

With regard to treatment, its object should be less to modify the ecchymotic appearances on the skin, which are merely symptomatic, than to restore the blood to its natural healthy condition. In *purpura simplex*, and in *purpura hæmorrhagica*, repose, acidulated and iced beverages, acid. sulph. aromat., nitric and sulphuric lemonades, the decoction of rhatany, and Brocchieri's, Tisserant's, or Pagliazza's hemostatic waters may be prescribed, together with wine and generous diet. The peculiar virtues of the extracts of coniferous woods have induced Dr. Neligan to recommend essence of turpentine, which in doses of one or two drachms has occasionally proved useful. Steel, and especially the sesquichloride of iron, Mr. Pise of Montélimart has found advantageous. The latter preparation was exhibited with much benefit to one of the patients in Mr. Bouchut's wards. The dose prescribed was 6, 8 or 10 drops of the liquid sesquichloride, which is decomposed by the mucilage of gum arabic, and should therefore be given in sugar and water.

— The subject of purpura suggests a reference to a case of hæmorrhagic measles (morbilli graviores), an unfrequent affection which was observed in a little girl aged ten years, who had been admitted into hospital for the treatment of pustular scabies. She contracted measles in the wards, and in addition to the characteristic eruption, presented pale ecchymotic sugillations of irregular form, interspersed with black petechiæ, which did not disappear when pressed with the finger. Violent inflammation unattended with discharge also set in in the organs of generation. The clitoris became œdematous, turgid, and was promptly covered with deep, greyish ulcerations. This was a dangerous complication, as the epidemic tendency which had already given rise to the purpura, may likewise induce gangrenous stomatitis or vulvitis. Aware of the peril, Mr. Bouchut, despite the measly eruption, prescribed starch baths of an hour's duration. Glycerine was applied several times a day over the parts, and a compress impregnated with the same substance, was inserted into the vagina; these measures were persevered in for several days, and under their influence the emission of urine ceased to be painful, the ulcerations assumed a healthy aspect, and with the exception of a certain amount of constriction of the vagina, a complete cure was ultimately effected.

— The termination of tubercular meningitis is almost invariably fatal, and the pathologist has but small temptation to dwell on a disease which baffles his best-directed efforts. His only consolation must be to discriminate the affection with certainty, and to be able to express on its issue a prognosis founded on positive scientific data. In this respect Mr. Bouchut may be said to have rendered fresh service, in the discrimination of tubercular meningitis with the ophthalmoscope, at a period when no sign, hitherto known, yet reveals the nature of the disease.

In the course of two months Mr. Bouchut has met both in hospital and in private practice, with twenty-two instances of meningitis. In almost every instance the ophthalmoscope employed in the incipient stage of the malady, and of course previously to the manifestation of any convulsive symptoms, disclosed the presence of the following changes in the eye:

Peripheric congestion of the optic disc, and hyperemia of the retina and choroid; enlargement of the retinal veins around the termination of the optic nerve, and a varicose and flexuous appearance of these blood-vessels. In some cases hæmorrhage was found to have occurred on the surface of the retina, from rupture of the veins.

Further observation is doubtless necessary to establish the full value of these researches, and especially a comparative examination of the eye in simple and in tubercular meningitis. But it is even now abundantly demonstrated that the changes detected in the deep-seated parts of the organ are the consequence of the vascular obstruction induced by the presence of inflammation within the cranium.

Art. 6352.

HOSPITAL SAINTE EUGENIE.

(MR. MARJOLIN'S WARDS).

Treatment of Fractures in Childhood.

Winter is the season in which fractures, as well as burns, most commonly occur; and the following excerpta from Mr. Marjolin's clinical lectures may not, therefore, be unacceptable :—

Mr. Coulon, one of the Professor's former internes, states that 140 cases of fracture were admitted into the wards in the course of one year. In this number are included 38 fractures of the forearm, 26 of the femur, 31 of the collar-bone, 18 of the elbow, and 10 of the leg. One case only of the 140 was an instance of fracture of the ribs, a circumstance which harmonises with the general opinion of the unfrequency of the accident in childhood. But if, at this early period of life, this kind of injury is unusual, the complications arising from violent pressure on the thorax, such as that induced by the passage of the wheel of a carriage over the chest impart to its symptoms a considerable amount of gravity, and explain the occurrence of laceration of the lung, emphysema, pleuritic effusion, and other perilous contingencies. The treatment consists in securing the immobility of the ribs by the application of a tight band of adhesive plaster, which sits more closely, and is less liable to displacement, than the usual bandage.

The most trustworthy symptom of fractures of the forearm in childhood is the deformity; crepitus and preternatural mobility often escape detection on account of the density of the periosteum. The accident generally results from a fall on the palm of the hand, or the anterior aspect of the forearm, and the bones become incurvated a little below the middle of the limb. Hence a lateral deformation, or a convex appearance of the front of the forearm, with a proportionate concavity of its posterior region. The reduction of the fracture is much easier than in the adult, a fact explained by the thinness of the layer of muscles, and the facility with which their resistance is overcome. The operation should be proceeded with in accordance with the ordinary rules. Mr. Marjolin seldom applies more than one splint, which is laid along the flexor side, from the bend of the elbow to the tips of the fingers; it is separated by a soft compress from the integuments, and secured with a common roller. A moment's consideration of the shape of the limb shows that the splint, applied to the anterior aspect of the forearm, tells more on the fragments, and is much more powerful to prevent displacement than that which it is customary to place along the posterior face, from the outer condyle of the humerus to the back of the wrist. In uncomplicated cases, when there is no fear of the fractured ends of the bones being pressed inwards towards the interosseous space, Mr. Marjolin omits the graduated compress, and merely uses the anterior splint.

The Professor strongly recommends that the little patient be confined to bed for a few days after the fracture. The limb should be placed, with the thumb uppermost, in a position intermediate between pronation and supination, and when borne in a sling, should rest on its anterior aspect, and not on the ulnar edge, otherwise the fragments are bent inwards, and incurable deformity is the result; this kind of displacement is especially to be feared when the hand alone rests in the sling. In order to ascertain that the position of the fragments remains unchanged, and to remedy at once any alteration, Mr. Marjolin removes the apparatus every four or five days—a precaution suggested by the facility with which mortification may be induced by pressure of the forearm, especially in infancy. For this reason, Mr. Marjolin has never recourse to the starch or other immovable dressings in this kind of fracture.

Fractures of the shaft of the femur come next in the order of frequency after those of the forearm. The prognosis in such cases is, however, favourable. Consolidation takes place in the course of three weeks; but, in order to prevent incurvation of the limb, it is proper to prescribe repose in bed for five or six days longer. All dressings may be removed, and the child can exercise the thigh without exposing it to be injured by the weight of the body.

The eighteen-tailed bandage is the only one used for this injury by Mr. Marjolin, who, like Mr. Guersant, secures the pelvis to the outer splint. Not only does he thus reduce the pelvis to immobility, but in order to prevent the movements of the trunk being communicated to the fractured limb, he lays over the chest a sheet folded lengthwise, which is attached to the sides of the bed. In this, as in the preceding fracture, Mr. Marjolin removes the dressings and inspects the parts every four or five days.

Surgeons are well aware of the difficulties of contriving an apparatus calculated to secure the perfect apposition of the fragments in fractures of the clavicle. Desault's apparatus, as described by Bichat, is still the least imperfect of the various systems of bandaging which have been proposed. The oblique circular turns of the roller may, however, be omitted as insufficient to raise the elbow, and a starch band may be applied over all, in order to prevent loosening of the dressings. In simple cases, unattended with displacement, Mr. Marjolin merely places the arm in a sling.

It was our intention to conclude with a few remarks on fracture of the elbow, the diagnosis of which is sometimes embarrassing. But the injury is one of sufficient importance to warrant our reverting to it in a separate article.

Art. 6353.

AURAL SURGERY.

(MR. TRIQUET'S DISPENSARY.

On Facial Paralysis Consequent on Otorrhœa.

This affection is one of the most serious sequelæ of chronic otorrhœa, and although it is not unfrequently met with, it is only within the last few years that it has received a satisfactory explanation, and that the practitioner has been enabled to institute the treatment on fixed scientific principles. In his *Treatise on Diseases of the Ear*, in 1856, Mr. Triquet expressed himself as follows on the causes in which the complication in question may originate :

"Paralysis of the face is due in these cases to the penetration of the puriform secretion into the Aqueductus Fallopii, and to its contact with the portio dura in its course through this passage. Inflammation sets in, and the nerve loses the power of transmitting the nervous influence to the muscles to which it is distributed. In general, however, the suppuration does not reach the facial nerve, but remains stationary at some distance from the aqueduct, the thin parietes of which become affected with osteitis; hence, hypertrophy of the bone, diminution of the diameter of the passage, and undue pressure on the nerve."

This cause of facial paralysis was pointed out most distinctly in the case of a consumptive woman, who had long suffered from chronic otorrhœa, and recently died from the progress of pulmonary consumption in Professor Trousseau's wards. The patient was a young woman aged twenty-eight, who for several years had been afflicted with a purulent discharge from the external auditory passage. During the last weeks of her life, her melancholy position was further aggravated by paralysis of the face corresponding to the deaf ear. Mr. Triquet carefully dissected the parts in the presence of Mr. Trousseau's pupils, and the condition denominated by lovers of hard words *osteosclerosis*, or condensative inflammation of the bones, was ascertained to exist, together with flattening of the portio dura, and almost entire destruction of the organs of hearing; although the patient died of phthisis, it was impossible to detect in the diseased ear the presence of any tubercular deposits whatever. (*a*)

(*a*) From the notes kindly transmitted by Mr. Triquet, we gather that "the right ear only was affected. Two-thirds of the external auditory duct were filled with fetid, greenish pus, which was removed by an injection. Inspection with a speculum, candle,

Mr. Triquet related the case at his dispensary, and dwelt upon its more practically important particulars.

The professor reminded his hearers that otorrhœa, frequently complicated by facial paralysis, is in general but one of the symptomatic expressions of scrofula. Now that the pathology of the local hemiplegia, consequent on chronic discharges from the ear, is better known; the inutility of blisters, of electricity, of the endermic application of strychnia, &c., must be obvious. Instead of blindly resorting to these empirical measures, the practitioner should, in the first place, direct his attention to the removal of the diathesis on which the otorrhœa is dependent, and which at last, by the succession of changes above enumerated, occasions paralysis of the face. Therapeutics further supply us with several local remedies calculated to check inflammation, and arrest the progress of suppuration. Mr. Triquet illustrated his remarks by the history of a case recorded in his work, relating to a child affected with scrofulous otorrhœa, with deafness and facial paralysis, who was completely cured by a course of local and general treatment, which may be summarised as follows:

1. To take each morning one, two or three tablespoonfuls of cod-liver oil, in gradually increasing doses.

2. To take every night at bed-time, in a little sugar and water, five drops of tincture of iodine; the dose to be increased every day by one drop up to twenty minims, when the medicine was discontinued for a day or two, and afterwards resumed in the same manner.

3. Every other day, a bath of one hour's duration, containing six pounds of coarse salt.

4. Application of permanent issues to the mastoid region; sixteen were applied in succession.

5. Introduction into the ear of drops of undiluted tincture of iodine every other day, night and morning. Mr. Triquet performed himself at the same time an injection with the same tincture, diluted with twice its weight of water into a sinus which existed in the neighbourhood of the mastoid.

This treatment, combined with a generous diet, was persevered in for nearly eighteen months with doubtful success. But a change in the local remedies, and the substitution of insufflations of sulphate of copper for the iodine injections, favourably modified the morbid condition of the diseased parts, and a complete cure was at last effected of the sinus, and of the facial paralysis.

In the patient of the Hotel-Dieu, the rapid progress of thoracic disease would doubtless have baffled the good effects of a similar medication. It is, however, proper to remark with Mr. Triquet, that chronic discharges from the ear are not exclusively observed in cases of irremediable tuberculosis. Practically, otorrhœa is often met with in scrofulous subjects, whose life is in no present, and perhaps in no prospective peril, and who earnestly solicit relief from the disease of the ear. Now, whether the obstinate discharge from the ear be or be not coincident with facial paralysis, the elements of probable success will invariably be found in the simultaneous adoption of appropriate measures of treatment, both local and general. Experience has fully adjudicated on this question; the case above alluded to does not stand alone, and all the analogous instances observed by Mr. Triquet since the year 1856 tell the same tale, and are in every respect as conclusive as that which is registered in that author's comprehensive treatise.

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and reflector, showed that the membrana tympani had been destroyed, and the ossicula carried away by secretion during life. The internal wall of the drum appeared to have lost its mucous lining, and to be in a state of inflammation.

"The temporal bone was then detached, and on direct examination of the inner wall of the tympanum, it was found affected with that variety of osteitis which has been termed *condensative*.

"The aqueductus Fallopii was laid open in its entire course, from the reniform fossa at the bottom of the meatus auditorius internus to the stylo-mastoid foramen, and the nerve was exposed and found to have been flattened by compression, in consequence of the diminished diameter of its osseous receptacle. This constriction was distinctly the result of hypertrophy of the petrous portion of the os temporale, consequent on the inflammation induced by the presence of the suppuration.

"No tubercular deposits were detected in any part of the structures of the ear."

The Medical Circular.

ON THE PROXIMATE CAUSE OF CONSUMPTION AND ITS SPECIFIC TREATMENT BY THE HYPOPHOSPHITES.

By J. FRANCIS CHURCHILL, M.D. (Paris).

(Continued from page 4.)

No. XIII.

REPORTS OF CASES TREATED SUCCESSFULLY IN THE THIRD STAGE (THAT OF EXCAVATION). (a)

Thirty-two patients had both lungs affected. Among these there were 18 confirmative results, including 13 cures; and 14 negative results, including 9 deaths.

Thus, in the second stage, when one lung only is affected, the chance of cure is, at the very lowest, as 9 to 1, while, when both lungs are affected, it is only at 13 to 9.

In 27 patients the disease had reached the third stage. Of this number, 6 had only one lung affected, and of these, one was cured and five gave negative results, including two deaths.

In 21 patients both lungs were affected, 3 having cavities in both lungs. In these there were 6 confirmative results, including 3 cures; in the three others (including one of the cases where there were two cavities) the improvement continued during the whole time of treatment. The negative results were 15, including 10 deaths.

Thus in the third stage, out of 16 definitive results, there were 4 cures (b) to 12 deaths

This proportion will still appear very large, if we compare it with recorded results reported above, obtained by other modes of treatment. Perhaps, however, to a superficial inquirer it would seem not to be altogether in accordance with the specific action which I attribute to the hypophosphites, nor with the conclusions of a paper read by me before the Academy of Sciences. To judge of its true value we must not lose sight of the fact that a patient who recovers in the third stage is not (even when cured) in the same condition as if the disease had not passed the second stage. In the former case there exists for a long period of time an organic lesion, the danger of which is not limited to the mere loss of more or less lung substance, but depends chiefly on the impediment which the lesion offers to the proper fulfilment of the function of the organ in which it has its seat, and on the consecutive inflammatory accidents to which the patient remains for a certain time exposed. Thus three patients after presenting during a considerable time all the signs of a complete arrest of the disease, died of accidental inflammatory attacks; while a fourth, a woman, experienced the same fate after having entirely left off treatment for more than a year, and after pregnancy and confinement. In the last stage of phthisis, the accidental inflammatory complications are much more serious than in the first two stages, and hence it follows that attention to the hygienic conditions is much more important at this period than at any other. The number of permanent recoveries, in the third stage would thus have been exactly double if the patients had been able to place themselves in proper hygienic conditions. (c)

The results obtained in the third stage in my private practice have been, as I have already shown, much more favourable merely because the patients after recovery have been able to secure themselves from the accidents I have just mentioned. So that I still see no reason to withdraw the apparently paradoxical proportion which I enunciated four years ago (d), and which indeed had been already stated by Laennec and Andral—viz., that the formation of a cavity is one of the modes of cure in phthisis, and that, consequently, the disease in the third stage is not, *all other things being equal*, of a more unfavourable prognosis than in the second stage. Unfortunately, as we know too well, when phthisis is left to itself, or treated by other means than the hypophosphites, the softening of existing tubercular matter is nearly always accompanied by a fresh deposit, so that in the great majority of cases, the local disease is not simply and purely in the third stage alone, but in the third stage, *complicated by the second*, either in the same or in the other lung. Softening tubercles may, therefore, be compared to a full abscess, while a simple cavity is an empty one.

(a) Translated from the second edition of my work, 'De la Cause Immédiate de la Phthisie Pulmonaire.' In the Press.

(b) They have been reported in this Journal.

(c) The four patients reported as cured are still in perfect health, and working hard at this present moment (December, 1862).

(d) See *Mémoire* read to the Academ of Sciences, May 3, 1858, in *Comptes Rendus*, t. xliv. p. 1042.

This conclusion which I have come to as to the prognosis of the third stage, however, does not rest merely on the number of cures obtained, but also on the rapidity with which the influence of the treatment has been felt, and on the fact that several cases in the second stage arrived at recovery only after the formation of a cavity. (*e*)

III. *Prognosis in Reference to Type.*—As regards the type of the disease—*i.e.*, its more or less rapid progress, the prognosis still depends on the fact that the hypophosphites have a specific antagonistic effect on the development of the disease. The more rapid the progress, the more serious, *other things being equal*, will be the prognosis, since the greater, in a given time, will be the extent of the lesion. An amount of disorganisation, which, in ordinary cases would have required several months, sometimes in an acute case takes place in an equal number of days. Still the principle already laid down—viz., that it is the extent of the lesion which determines the prognosis, applies as correctly to acute phthisis as it does to chronic. The acuteness of the disease, that is, the intensity of the general symptoms, has no influence on the efficacy of the treatment, *and this is a result of which no other treatment offers a single example;* for I am not aware that there is a single case of recovery from acute phthisis on record. I have obtained this result in six instances by the use of the hypophosphites.

It is, however, necessary to call attention to the fact that acute softening and acute tuberculisation are sometimes confounded under the common name of "galloping consumption." They should, for the future, be distinguished by the words *acute phthisis* or *galloping consumption* for the one, and *acute softening* for the other. This distinction, which hitherto would have been of no importance, becomes of the greatest value, if, as I assert, the *phosphorous preparations* are the specific remedy for the former but not for the latter.

IV. *Prognosis as Regards Hereditary Predisposition.*—Of all the conditions which influence the prognosis of phthisis not submitted to the phosphorous treatment, none is of a more serious character than the existence of a constitutional or hereditary predisposition.

The following are the facts on this head noted at the dispensary:—

The parents or relatives of seven patients (five children and two adults) were actually under treatment for tuberculosis at the dispensary. Of this number there were six confirmative results, including five cures, and one death. For these cases there could be no doubt. The result of my investigations with regard to the rest was that in thirty patients there was no hereditary predisposition. It was doubtful or not noted in twenty-five cases. While twenty-four patients stated that consumption existed in their family. (*f*) In the twenty-four cases showing hereditary predisposition, the results of treatment were confirmative in eighteen, of which twelve recovered; while there were only six negative results, of which five were deaths, but three of them owing to accidental complications.

The cases in which there was no predisposition gave 17 negative results to 13 confirmative, 9 cures to 8 deaths; so that in the cases of *certain*, hereditary, or consanguineous predisposition, there were five recoveries to *one* death.

In the cases of *probable* hereditary or consanguineous predisposition, there were 12 cures to 5 deaths. Counting the two sets of cases together, we have 17 recoveries to 6 deaths; while in the cases where no predisposition existed, there were only 9 recoveries to 8 deaths.

The cases in which the predisposition was not noted, or seemed doubtful, confirm this result, since out of 25 such, there were only 11 confirmative results, of which 6 were recoveries, against 14 negative results, 9 of which were deaths.

So considerable a difference evidently cannot be a mere error in numbers. We are consequently led to the conclusion that, contrary to all the experience hitherto recorded of phthisis when left to itself or treated by the usual means, *phthisis, which is hereditary, is more amenable to treatment by the hypophosphites* than that which is not hereditary. What is the cause of this difference I am hardly yet prepared to state. My cases were generally taken down with a special regard to correctness of the diagnosis, and of the final curative results; so that details of etiology were not particularly attended to.

V. *Prognosis with regard to Sex.*—The numbers collected with regard to the two sexes do not show sufficient difference to afford a basis for any practical conclusion. I intend studying this question by the help of a larger number of observations.

VI. *Prognosis with reference to Age.*—A comparison of the different ages gives a different result from what might be expected, if we take into account the greater rapidity with which phthisis progresses in the young. (*g*) The number of patients observed is not large enough to give any definite results with regard to the different periods of life; but it shows clearly that the prognosis is much more favourable for children than for adults.

Thus, 10 children gave 9 confirmative results, of which 7 recovered, and only 1 negative case (death). This last patient was in the third stage, and died of pleurisy, after being *quite well* for nearly two years. This great difference between the confirmative and negative numbers cannot evidently be the effect either of a simple coincidence, or of an error in the figures. Neither can the difficulty of diagnosticating phthisis in children be alleged as an objection, since to invalidate the result we must admit that out of 10 patients, in whom the diagnosis was made with every possible care, a mistake was made nine times, and that no phthisical children came to the Dispensary. This is another most important and unexpected fact in the treatment of phthisis by the hypophosphites, which, like the two others already mentioned, did not particularly strike my attention until evolved by the use of the numerical method. I will show the importance of this result when I come to speak of the theory of tuberculosis.

VII. *Prognosis in reference to Complications.*—I now come to a last and very important point—that which relates to the influence which the existence or non-existence of complications exerts on the cure of phthisis by the hypophosphites. The complications of consumption are of two kinds: some are secondary or tertiary consequences of the disease itself, and are nearly sure to appear at a certain stage of its development. Such are diarrhœa, amenorrhœa, vomiting, fatty degeneration of the liver, œdema of the lungs, &c. Others are fresh and distinct diseases co-existing with the principal complaint. Such are intercurrent inflammation of the constituent tissue of the lungs (bronchitis, pleurisy, pneumonia, laryngitis, fistula in ano, &c.

(To be continued.)

(*e*) As instances, see several of the cases, reported in this Journal.

(*f*) These numbers, thirty-one cases of predisposition in seventy-nine patients came very close to those of Briquet, who found that out of ninety-nine patients, there was hereditary predisposition in thirty-eight.

(*g*) It appears very probable—nay, almost certain—that youth, which so clearly favours the development of tubercles, also hastens their progress. (Louis, *op. cit.*, p. 456.)

CASE OF PUERPERAL CONVULSIONS.

Under care of A. E. Ford, M.D., St. Mary's, C.W.

Compiled from Notes by D. H. Harrison, Medical Student.

Mrs. W., aged forty, the mother of seven children, was seized with a violent convulsive spasm about eight o'clock on the morning of the 7th October, 1862. As she lived a long distance from town, she was not seen until after twelve o'clock, noon. Upon arrival, I found that she was well advanced in pregnancy, during the progress of which she had experienced nothing unusual until within three or four days of the present attack. She then complained of pain of a violent and remitting kind extending across the forehead being apparently most violent in the region of the ethmoid bone; a constant aching pain across the lower dorsal and upper lumbar region, an occasional sense of numbness through the whole frame, slight constipation of the bowels, loss of appetite, scanty urine. The pain in the head being more violent than any of the other symptoms, had been the chief object of her attention, and she had taken two or three large doses of castor oil to relieve it, without avail, although the bowels had been freely moved by it, and the symptoms as above enumerated continued with greater or less severity until the convulsions appeared.

She was a person of rather inferior muscular development, and of flabby general texture, of anxious mental organisation, but not the subject of any strong mental emotion. She had never been the subject of convulsive disease. She was in a semi-conscious condition, the eyes wandering with a peculiar stare; the face livid, but not preter-naturally warm, the surface of natural temperature. She lay uneasily, constantly moving from side to side, and muttering incoherent sentences to herself; pulse 90, hard, small, and jerking; while the tongue was slightly coated, and much bruised by the teeth in the two convulsions under which she had already laboured.

Upon examination, per vaginam, the os uteri was found soft and yielding, offering much the feel usually found at the end of the eighth month, except being more easily relaxed. Twenty-four ounces of blood were at once taken from the arm, and the following powder given:

℞. Hyd. chl. mit.....grs. v.
Pulv. Jalap.....grs. xv.
Pulv. Opii, ...gr. ¼.
M—.

Cold water was applied to the head, a sinapism to the nape of the neck, and warm flannels across the region of the pubes. In two hours from the appearance of the last spasm, the middle finger of the left hand began to close with a jerking motion, followed by the index finger of the same hand; then the thumb came down: the muscles of the forearm now participated in the movement, which rapidly communicated itself to the shoulder, and in less than fifteen seconds the whole body was writhing and tossing in another horrible convulsion. The respiration was a succession of rapid gasps, accompanied with a sort of hissing hiccough, which gradually became

fainter as the spasms gathered themselves for their final assault; the pulse faded from the wrists, and the heart itself gradually stilled; the lips became livid, the eyes set irregularly in their sockets; and in precisely two minutes from the onset of the attack, every muscle was stretched to its utmost tension, until it seemed as if the very tendons would snap from their attachments. Respiration ceased, the action of the heart could not be felt, the countenance became purplish, and the whole body bent somewhat backward. In about twenty seconds more the muscles began to relax, and a frothy mucus poured out from between the blackened lips. The action of the heart could now be discovered fluttering and weak, and in a short time the pulse could again be felt at the wrist; respiration was slowly and laboriously restored, and in twenty minutes the patient was again in the same half startled, half conscious condition as before.

After allowing nature a few minutes to recover itself, I again made an examination per vaginam, and again finding the os uteri yielding, I proceeded to dilate it by gentle distension with the end of the finger. I was not long in reaching the head, and rupturing the membranes, but a small quantity of "the waters" followed this operation. The cold was continued to the head and warmth over the body, five grains more of calomel were given, and an enema of water gruel and castor oil. In two hours from the last convulsion, another occurred, similar in its characteristic manifestations. Half an hour afterwards the bowels were freely moved, and the quantity of "water" discharged from the uterus considerably increased. Examination again revealed a dilatable condition of the os, and a large dose of ergot was at once given. In half an hour labour was established, and in one hour and three-quarters from the occurrence of the last convulsion she was delivered of a healthy though premature child, with the forceps. Shortly after the removal of the placenta, which was discharged by uterine action, another convulsion returned, almost an exact *fac simile* of those already described. The uterine discharge was of normal quantity, and the contractions of that organ were as regular and equable as if nothing had occurred, and the general condition of the patient seemed unaltered by delivery.

A large blister was now applied over the nape of the neck, extending well down upon the spine; and one of the following powders given every two hours:

℞. Hyd. chl. mit.....gr. x.
Pulv. Opii,.....pr. ss.
M. Mitte Vj.

Keep cool application to the head.

The convulsions continued to return, as they had done from the first, until six o'clock the following morning, when, after a fit, she fell into a deep heavy sleep, with stertorous respiration. Powders discontinued, and mustard applied over the chest. The patient slept heavily until about four p.m., when the effects of the opium began to pass off, and the calomel to pass on. Large bilious discharges came pouring down from the bowels during the rest of the day, and succeeding night; and when seen on the morning of the 9th inst., consciousness was beginning to return. The urine was now found, upon testing, to be highly albuminous. The blister, which had risen well, was removed, the cold lotions to the head omitted, and strict quiet with water gruel enjoined. Five grains of Ext. Hyoscyam were given every four hours. On the 10th, the patient was well salivated, and in every respect better; begins to recognise her friends. Beef tea and rice and milk ordered.

The patient gradually improved, no abdominal complication having arisen; until now, the 16th, the tongue is clean, pulse 80, soft and regular, appetite improving, and the patient complains of nothing but weakness and a sore mouth, which is rapidly improving.

Memory was not fully restored until the sixth day after the attack.

Remarks.—I gave the opium to relieve the peripheral excitement which stood between the uterine excitation caused by the presence of the child and the spinal cord; and calomel, with venesection, both for their sedative effects and with a view to prevent either inflammation or effusion. A peculiarity in this case seems to be the fact that neither the dilatation of the os, the labour, or the delivery, had the slightest apparent effect upon the convulsions—either to retard or weaken on the one part, or to hasten or aggravate on the other. The child is living and doing well.—'British American Journal.'

Extensive Nosocomial Plans in Paris.—The Prefect of the department of the Seine proposes, in a report just published, to build a huge clinical hospital in Paris within easy reach of the students, where clinical teaching would be concentrated. In this establishment would be created a separate division for the admission and classification of the insane. Another project consists in the purchase, at a short distance from the capital, of two estates, on which would be erected asylums for the mentally afflicted, upon the basis of the most recent researches, and with all the practical improvements which have in latter times been suggested.

Dr. Semple.—We have great pleasure in stating that the subscriptions towards defraying the damages and heavy costs in the action Hall *v.* Semple, already amount to nearly 400*l.*

AN EXTRAORDINARY CASE OF CHOREA.

By W. Canniff, M.D., M.R.C.S. Eng.,
Professor of Surgery, University of Victoria College, Toronto.

Jane M——, æt. twenty-three, a native of Limerick, has been married nearly three years. Three months after marriage had a miscarriage, which, according to her own and friends' account, took place without any obvious cause unless it were general weakness. Three months thereafter, had a second miscarriage still without any assignable cause. Fully nine months after this, she had a third miscarriage or premature labour. It was on this occasion that she first came under my notice, having been called in haste. When I arrived I found a stillborn child still attached and the placenta in utero. The child had apparently been dead for some time and was between six and seven months. The placenta soon came away, and she had a quick and perfect recovery. The patient and her friends assured me that her health had been invariably good, and that no cause of the death of the child was known. About four months after this the patient found herself again pregnant. Two months later she had a severe fright from seeing a scuffle between her husband and father. This affected her mind very much, causing great depression of spirits and at times great terror. This continued for about six weeks when symptoms of chorea presented themselves, at first in the fingers and hand of the left side, and afterwards on the whole of the same side of the body. I recommended the utmost gentleness and cheerfulness to be observed towards her, and put her on the Citrate of Iron and Quinine; under this treatment she gradually improved, until at last the twitchings had almost ceased, when, without any particular cause, the whole of the right side became affected rendering her unable to walk or help herself. The treatment heretofore pursued seemed to have no effect, and I was induced to try the Citrate of Iron and Strychnia. She very soon began to improve, and although her progress was slow, she, in about three months, was perfectly free from the disease. She continued quite well until she had gone her full period of pregnancy. But with the labour pains the chorea returned in every part of the muscular system. The several stages of labour were passed through in a comparatively short time; but as the labour advanced and the pains became more severe the jactitations increased in frequency and power. To attend a woman in confinement who has St. Vitus' dance is anything but easy, while the attitudes, the grimaces and contortions were absolutely ludicrous. The patient was heartily ashamed of herself, and tried fruitlessly to keep in "position." In spite of herself, and mother, and nurse, and doctor, she would be first on one side of the bed, then on the other; now up against the head board now down to the foot. I had no particular fears until the head began to press against the perineum, when I thought, notwithstanding support and actual pressure, the head would be thrust through the undilated tissue. At each pain the urine would be forced out in quick streams from the urethra, while the sphincter ani could be felt twitching most actively. The labour was fortunately completed without any evil results. The twitching at once began to cease and within twelve hours had entirely disappeared: her recovery was good. The child, a fine boy, was healthy, and has continued so up to the present time, now nearly a year. The mother also remains in good health.

In administering the citrate of iron and strychnia I was not aware that it had ever been given as a remedy for Chorea, but having used it with advantage in other kinds of nervous affections, I was induced to try it. However upon referring to an old number of Braithwaite I find that it had been used successfully by a Dr. Ross, after all other remedies had failed. I gave the preparation in doses of two grains three times a day.—'British American journal.'

Anthropology in England.—We learn that several of our best ethnologists and anthropologists, actuated by the feeling that the science which professes to treat of man, his antiquity, the physical diversities between his different races, the natural laws which regulate his distribution over the earth, and the corporeal characters which differentiate him from the inferior animals, has not received in England that attention which its importance deserves, have determined to found a new society, to be entitled "The Anthropological Society of London," in which the modern phases of ethnology and anthropology will be discussed. The promises of support which the new society is receiving from all shades of ethnological party appear to be certain guarantees of its success. At a meeting on Tuesday last, the officers of the new society were elected, consisting of—*President*, Dr. Hunt, *Vice-President*, Captain Burton; *Hon. Secretary*, C. Carter Blake, Esq.; *Hon. Foreign Secretary*, E. Taylor, Esq.; *Council*, A. C. Blackstone, W. Bollaert, Luke Burke, Dr. Gibb, A. Higgins, Dr. Hughlings Jackson, S. J. Mackie, R. S. Poole, T. S. Prideaux, W. S. W. Vaux, and others. It was also agreed that the rules should be formed on the plan of the Geological Society. Due notice will be given of the first public meeting of the members.

THE MEDICAL CIRCULAR.

WEDNESDAY, JANUARY 14, 1863.

COTTAGE HOSPITALS.

The success that has attended these institutions, wherever they have been established, affords strong encouragement for new foundations in all places where the poor population are liable to severe accidents, or are without adequate means of relief in ordinary exigencies. We are pleased to observe in the pages of general literature the expression of a deep interest in these useful institutions,—a certain augury of their general adoption at no distant period.

The Cranley Hospital has now been established three years, and we discover from the annual report, that it continues to grow in usefulness and favour. The admissions in the years 1859 and 1860 were 23; last year they amounted to 30. There are six beds, and the patients make weekly payments—a plan that has answered so well, that the trustees recommend its adoption in all similar institutions.

The cases under treatment have been cases of amputation of the thigh, contraction of the skin from burn—treated by removal of a portion of the contracted skin, ulcerations from various causes, dropsy, club-foot—which was operated on by division of the tendons, ophthalmic diseases, strumous abscesses, retention of urine, and other severe maladies.

The financial report is practically the most interesting portion of the document. We find that the income of the hospital has been during the year 225*l.* 15s. 1d., which is made up of the following items: 11*l.* 7s. from donations, 94*l.* 14s. from subscriptions, 1*l.* 15s. 3d. from the hospital alms box, 44*l.* 15s. 6d. from receipts from patients—this is a very gratifying contribution; 70*l.* 18s. 4d. from a balance in hand from last year, and 2*l.* 5s. interest. Our readers can now see the sources from which they must look for an income, should they feel desirous of establishing one of these hospitals.

The expenditure has amounted to 176*l.* 8s. 2d., leaving a balance in hand of 49*l.* 6s. 11d. The items are as follow: 14*l.* 7s. 6d. for furniture; 26*l.* 5s. 8d. for repairs and improvements; 59*l.* 19s. 5d. for cost of patients; 11*l.* 11s. for wine, beer, and spirits; 12*l.* 4s. 11d. for fire and lights; 38*l.* 0s. 6d. for salary of nurse and charwoman; other minor sundries make up the remainder.

Each patient has cost the institution about 5*l.* 17s. 4d., and each bed about 30*l.* One-fourth of this amount, however, was contributed by the patients themselves.

If we compare these figures in another way, we shall find that each patient contributed almost enough to keep himself in food and drugs;—for example, the "receipts from patients" amounted to 44*l.* 15s. 6d., whilst the "cost of patients" was 59*l.* 19s. 5d.

Again, each patient was under treatment an average period of nearly two months, which gives a weekly contribution from each patient amounting to about 3s. 6d.

We thus arrive at a basis for reckoning the probable income and expenditure of any "Cottage Hospital" which our readers may contemplate to establish.

It must be borne in mind that the contributions set against the "patients" may not actually come out of their pockets, but may be, and probably are in most instances, provided by their employers or other charitable persons.

Dr. Davis recently informed us that at the Fowey Cottage Hospital the contributions from the benevolent were numerous, and assumed a variety of modes,—even dinners to the sick. This one incident shows the lively—we may say—the domestic interest which the wealthy and comfortable classes take in these excellent institutions.

We hope that we shall yet hear of many more being in operation in various parts of the country. Already there are several established, but we have not yet been favoured with the reports.

SUMMARY OF THE WEEK.

A NEW METHOD OF AMPUTATION.

Among other inventions for performing important operations without loss of blood, M. Chassaignac is said to have devised a mode of amputating with the aid of caustic. It is so strange a process that we simply content ourselves with reproducing the description as it has been promulgated by *Galignani:*—

Dr. Chassaignac, one of the surgeons attached to the Hospital Lariboisière, has just published a paper in the medical journals on a new method of amputating limbs without the aid of the knife. For this purpose he uses what he calls a *caustic bracelet*, consisting of a ring, round which are placed little crystal cups of a rectangular form. The ring is applied to the exact place where the amputation is to take place; a pledget of lint, impregnated with a solution of perchloride of iron at 35 degrees, is placed above and under the ring, and the cups are then charged with fragments of the Filhos caustic. The member to be amputated is subjected to a considerable degree of compression, which removes some portion of the liquids of the body from the diseased part. As the caustic proceeds in its action, copious bleeding might occur, to remedy which the operator or his assistants exercise a digital pressure on the principal artery until the operation is completed. There is a considerable difference in the behaviour of a muscle separated by the knife or by the action of the caustic. In the first case it contracts, and a large interval is left between the two parts that have been divided; but under the action of the caustic, the muscle does not recede either way. Dr. Chassaignac has tried his method twice, in cases when the patients were so feeble as to render ordinary amputation extremely dangerous; in both cases the operation was crowned with success. The bracelet in one case was applied five times for twelve hours each before all the soft parts could be eaten away by the caustic. As soon as the bone became apparent, it was cut through by the chain-saw.—*Galignani.*

NEW UNION ASSESSMENTS.

As we have taken no unimportant part in paving the way for the ultimate adoption of a more equitable system for levying rates for the maintenance of the poor, we are glad to find that meetings have been held in various places for the purpose of carrying into effect the Union Assessment Act, the object of which is to equalise assessments throughout unions, and we may add, throughout the country at large. It is probable that the property tax returns will be the basis upon which future assessments will be made. This is an indispensable preliminary to any general legislation for the equalisation of rating. An important meeting has been held in Yorkshire on this subject, and the Property Tax Returns were adopted almost unanimously as the basis for a new assessment. We may add in connection with this subject that some of the oppressed parishes in the Cotton Districts having already raised loans in accordance with the new Act, are meditating having recourse to a Rate-in-aid, should the contingency occur for which the Act makes provision. It is probable, however, that the worst part of the struggle in the Cotton Districts has passed over.

THE PERILS OF A POOR-LAW DOCTOR.

Dr. Lodge, Medical Officer of the Everton District, West Derby Union, was applied to by a woman, bearing an order in her hand, to attend her brother, who had been labouring for nine or ten weeks under dysentery. Thinking it not to be a case of urgency, Dr. Lodge put off going that night, saying that he would "call in the morning." In the meantime the man died. There is some discrepancy in the evidence taken before

the Poor-law Commissioner as to the circumstances under which the application was made. The word "urgent" was not written by the Relieving Officer on the order, as is usually the case when immediate attendance is required; but the woman said that she acquainted Dr. Lodge with the urgency of the case. This Dr. Lodge did not remember; but he stated that the woman wanted to get the man into the workhouse that night, and he did not think it necessary to see him for such a purpose.

Now, this is a combination of circumstances that occurs, perhaps, about once a week—we might, truthfully, say once a day—in a large and populous Union. A patient is ill for some time, and at length unable to pay his rent, his landlord gets troublesome, and puts the machinery of the Poor-law in motion, or the friends get tired of nursing, or are frightened, and then hurry off to the Doctor to press him to sign a recommendation for admission to the workhouse, which, in strict legality, he has no power to do *proprio motu*. If all these urgent entreaties were attended to in such a city as Liverpool, the Medical Officer could easily divest himself of the more laborious portion of his out-door duties, and crowd his workhouse to suffocation. We can see, so far, nothing seriously to blame in Dr. Lodge's conduct. It would have been better, of course, had he gone to see the patient, but the people who allowed the poor man to suffer for nine weeks, and only obtained an order when he was *in articulo mortis*, are infinitely more deserving of censure. The actual death was a lamentable accident in the case, which, we may be sure, Dr. Lodge did not anticipate, or he would, for his own sake, have immediately visited the patient.

There is another part of the case, however, which is not so excusable, though we fear the imprudent act to which we refer is not uncommon. Dr. Lodge signed a certificate of death, *without having attended the patient*. The form of certificate expressly requires that the undersigning Medical Practitioner should state that he "attended" the patient, and "last saw him" on a particular day. Such a certificate *cannot* be properly signed by anyone who has not actually attended a patient. We commented upon a similar case last week.

Dr. Lodge stated, in his evidence—"The Coroner's clerk (Mr Blake) told me that I was fully justified in the course I had taken in giving this certificate, although I had never seen the man." Our readers may have observed that such was not the Coroner's view of similar conduct in the case reported in the MEDICAL CIRCULAR last week, in which Messrs. Turner and Braithwaite were implicated.

The public seem to think that a Medical Practitioner ought to give a certificate of death whether he have actually visited a case or not; and we have known an attempt made by a jury to censure a Medical Practitioner who had declined to give a certificate, urging that, in their opinion, there was no necessity for an inquest. We would advise our brethren to resist the importunity of friends, and never on any account to give a certificate of death when they have not seen the patient.

A PATHOLOGICAL CONTROVERSY.

However scientific medical men profess to be, they are much more ardent in political or personal contests. It was understood that the nomination by the Council of Mr. Prescott Hewett for the Presidency of the Pathological Society this year would be opposed, and the consequence was one of the largest meetings ever known. His opponent was Mr. Coulson. The ballot showed that Mr. Hewett stood high in the esteem of the members, for he was elected by a considerable majority. Mr. Hewett stands in the first rank of rising surgeons, and he is worthy of the success he has attained.

THE LINCOLNSHIRE POISONINGS.

Mr. John Garner, a grocer, of Marcham-le-Fen, Lincolnshire, has been recently committed on the charge of poisoning his mother by the administration of arsenic. The death took place in the month of December, 1861; but rumours having been spread that the poor woman had not died from natural causes, Mr. Clegg, the Coroner, ordered the body to be exhumed, and an inquest to be held. On a *post mortem* examination, it was found that portions of the stomach, and the spine and parts adjacent, were deeply stained of a yellow hue; and these parts having been submitted to Professor Taylor, arsenic in considerable quantity was detected. A woman, who acted as servant to the prisoner at the time of his mother's death, and whom he had since married, is charged with him for the offence. The body of Garner's former wife has also been exhumed, and arsenic has been found in the stomach.

MR. M'WHINNIE ON ST. THOMAS'S HOSPITAL.

We observe in the 'Star' an able letter from Mr. M'Whinnie on the St. Thomas's Hospital question. Mr. M'Whinnie is favourable to associated town and country establishments, and puts his arguments with much force. Having been for many years on the staff of St. Bartholomew's Hospital, Mr. M'Whinnie has had ample opportunities for forming a correct opinion on this controverted question.

THE FIGHTING EDITOR OF THE 'BRITISH MEDICAL ASSOCIATION,' SARTOR-RESARTUS.

The editors of the 'Lancet' and of the journal of the British Medical Association, have inaugurated the new year with an unseemly squabble, in which the "mouthpiece" of the latter print comes off, as usual, second best. The "foul-mouthed" language of this gentleman would alone condemn him, but when we add that he is more than usually economical of his good grammar, we apprehend that his employers will not be very proud of him as a champion. Surely, too, the learned editor must have been apprenticed to a tailor, for in about fifty lines of his smart abuse, he says that he would willingly believe "for the credit of our cloth," that the articles in the 'Lancet' are not written by members of the Profession—he then objects to his adversary "pluming himself;" and after quoting an offensive passage, he says: "all we will remark upon this performance of Mr. Tartuffe's is, &c., &c.;" he then denounces another quotation by saying "If this be the best feather Tartuffe can find to adorn himself *with*, our readers may *take their measure* of his plumage."

What with tarring, and feathering, and taking measure, and though last, not least, calling names in ungrammatical language, we must say that if the Association have not a tailor for its editor it certainly has not a gentleman.

ACCIDENT TO MR. ARNOLD COOLEY.

It is with much regret that we have to record the occurrence of a severe accident to Mr. Cooley, a literary gentleman of considerable eminence. Mr. Cooley had called at the private residence of Dr. Ross, but not finding this gentleman at home, he left with the apparent intention of going to his own house at Hammersmith. On crossing Oxford street he was run down by an omnibus, and received a fearful gash at the right side of the face and head, a fractured collar-bone, and severe injury of the leg. He was carried to a neighbouring tavern, and, on Dr. Ross's arrival, was taken to Charing Cross Hospital, where he has the benefit of the skill and experience of Mr. Hancock, and the kind attention of Mr. Travers, the resident medical officer, and the staff, by whose aid we trust that he may be ultimately restored to health. Mr. Cooley has been a frequent and valued contributor to the MEDICAL CIRCULAR; he is also the author of several important works, among which we may enumerate the 'Cyclopædia of Practical Receipts,' and a 'Dictionary of the English Language,' which is the best work of the kind, in our opinion, that has issued from the press.

REVIEW OF THE PERIODICALS.

The 'Journal of Mental Science,' (October). In the course of the Report of the Proceedings of the Annual Meeting of this Association, we notice a paper on the *Cottage Asylum System*, by Dr. MUNDY, a Hungarian Physician. The article is merely suggestive. We learn from it that neither in France, Italy, Germany, nor the rest of Europe, is the non-restraint system recognised; "they treat the insane in opposition to reason, justice, and established principles, in the contrary way to this reform." This is very sad. The author concludes his paper with various questions as theses for future discussion. He is obviously favourable to the Cottage System. An animated discussion took place on the motion to refer the subject to a committee.

Another paper follows on 'Certain Modes of Death Prevalent among the Insane,' by Dr. BUCKNILL. It is an interesting paper on the general causes of mortality among lunatics. 'On the Utilization of Asylum Sewage' deals with a subject interesting to the managers of all large establishments. 'Middle-Class Hospitals for the Insane,' by Dr. HENRY MAUDSLEY, is a valuable article, and provides ample information on a question that is beginning to occupy public attention. 'On the Pathological Elements of General Paralysis,' by Dr. E. SOLOMON, translated by Dr. William Daniel Moore, is a good diagnostic paper, and well worth the trouble of translation. Dr. J. CRITCHTON BROWNE treats of 'Personal Identity and its Morbid Conditions.' There is a sufficiency of Scotch metaphysics in this paper, as well as a variety of illustrative cases, some of them amusing enough—for we cannot help extracting mirth even out of the misfortunes of the insane. Some reviews and analyses of works and reports follow.

The 'Journal of Mental Science' (January.) 'The want of a Middle-class Asylum in Sussex,' by Dr. C. L. ROBERTSON. The great want so generally felt to exist by those gentlemen who are conversant with the requirements of society in connection with insanity is ably set forth in this paper. The author, following the opinion of Lord Shaftesbury, thinks that the chartered asylums of Scotland are a good model for similar institutions in this country. We find that there are already eleven middle-class asylums in England—at Exeter, Gloucester, Liverpool, Cheadle, Lincoln, Northampton, Nottingham, Oxford, Stafford, York, and Friend's Retreat, York. There is not one in the home counties, where they are most wanted. Lord Shaftesbury does not consider that any more of such institutions will be established on the voluntary principle. Dr. Robertson gives the details of a plan for such an asylum, and he proposes to bring the Limited Liability Act into operation for the purpose of raising the necessary funds.

Dr. HENRY MAUDSLEY contributes a pleasing and learned essay on 'Considerations with regard to Hereditary Influence.' He says "When a family can trace its genealogy up to the time of William the Conqueror, it is presumptive evidence that it has never produced a true man of genius!" Would that somebody would define a true man of genius. They are very rare birds. 'Practicable Medical Science' is a scientific comparison of established and recent developments in psychology, by Dr. KENNETH MACLEOD, the work of a clever young adventurer in psychological controversy. Dr. J. CRICHTON BROWNE'S article on 'Personal Identity' is continued.

'British American Journal' (December 27). Dr. CAMPBELL on 'Angina Pectoris' is a well-considered article on the phenomena and causes of the disease. He believes that debility of the muscular power of the heart is the chief pathological cause, and that the tetanic spasm is due to excitation of the medulla oblongata and spinal cord. 'A Case of Puerperal Convulsions,' under the care of Dr. FORD, is reported. Dr. CANNIFF also reports 'An Extraordinary Case of Chorea' during parturition, which we have extracted.

The 'American Medical Times.' Dr. WILLIAM DETMOLD'S Lecture on the 'Duties of the Surgeon in the Field,' contains some useful suggestions.

Dr. LEWIS HEAD reports a case of 'Wound of the Femoral Artery,' and Dr. G. A. DAYTON, some *Cases in Private Practice*, which we have quoted.

The 'Stethoscope.' This is the second number of a new periodical, especially dedicated to the exposition of the causes, pathology, and treatment of disease of the lungs. The first article is on 'Mercury in Phthisis,' and the object of it is to set forth the paramount value of this agent. The author, who is nameless, thinks that mercury is chiefly advisable in cases of phthisis indicated by inflammatory action, where the deposit is not extensive, and softening has not commenced. In advanced cases he does not recommend it. Several authorities are quoted in favour of the mercurial method—*e.g.*, Graves, Munk, Rush, of Philadelphia, &c. The following is the plan of treatment recommended:

"If it be decided to give mercury a trial, the mildest preparation may be exhibited—the protodide in two-grain doses, or byd. c. creta in three-grain doses, or a blue pill in four-grain doses, each dose combined with two grains of Dover's powder, every four hours. These may be aided by mercurial inunction of the chest and arm-pits. When the mercurial fœtor is perceived in the breath, or the gums have become swollen, instead of every four hours, the same doses may be given once or twice a-day, or what is found sufficient to keep up a slight mercurial action, for a week. If the increase and alteration in the expectoration indicate softening, all the good mercury can do for the time has been obtained. Perhaps at a future time it may be necessary to repeat the mercurialisation, but it is safer to induce it again and again than to keep up the salivation for more than a week at a time. If after a slight salivation the patient expectorate freely, daily emetics should be prescribed, with cod-liver oil, in a draught containing nitro-muriatic acid, three times a-day. Sulphate of magnesia, or sulphate of iron, may be added to this draught, according to the requirements of the patient's system."

The second article treats of 'Dr. Richardson's Description of Subclavian Bruit,' in which the writer expresses some differences of opinion from Dr. Richardson. 'On the Physiology of Constricted Respiration in Incipient Consumption,' is a clever review of Dr. Silvester's pamphlet on the 'Physiological Method of Treating Consumption.' The Journal concludes with cases reported from Dr. GODWIN TIMMS'S Case-Book.

The 'Lancet.' A clinical lecture on 'Pyloric Ulcer of the Stomach,' by Dr. BRINTON, opens this periodical. It is a good practical lecture. Mr. BARWELL contributes a paper on 'Hip-Joint Disease,' and Dr. SPENCER COBBOLD a paper on the 'Occurrence of Ascaris Mystax in the Human Subject.' There has been much difference of opinion as to the existence of this species of ascaris in the human subject. Dr. Bellingham first described it under the term ascaris alata. Dr. Spencer Cobbold says that Dr. Bellingham's ascaris alata is the genuine ascaris mystax which infests the cat. 'Lithotomy in the Female,' is by Mr. JAMES LANE. He thinks that the best and safest procedure in adult women with a large calculus is to operate through the vagina, closing the wound afterwards with sutures.

The 'Medical Times and Gazette.' Dr. FINCHAM, on 'Clinical Teaching and Clinical Study,' contains recommendations on the proper method of study. Mr. JAMES LANE contributes an article on 'Vesico-Uterine Fistula,' *apropos* of a case of much interest. Mr. M'WHINNIE reports a case also of remarkable interest in which "Intestinal matter was voided for many years by the urethra," which we shall notice more fully next week. Dr. GEORGE HILL reports a case of 'Rupture of the Aorta in a Young Woman of Twenty.' The coats of the vessel were found to be preternaturally soft near the rupture, but there was no dilatation nor thickening.

ON THE INHALATION OF CHLOROFORM AS A REMEDIAL AGENT.

By Samuel S. Dyer, M.D., Ringwood.

[*Read before the South Hants Medico-Chirurgical Society.*]

Although the administration of chloroform as an anæsthetic is as highly estimated as it is extensively practised, it certainly is not so much used as a means for the relief of disease as it might be; and feeling persuaded that its useful agency in this particular is not fully appreciated or resorted to, I am induced to report a few cases, which might serve the purpose of drawing attention to the subject.

In the following remarks, I shall confine myself exclusively to the uses of chloroform by inhalation as a remedial agent; and not allude to the great blessing of freedom from pain through its agency during operations, nor to the opportunity thereby afforded the surgeon of undertaking many cases, wherein, without such means, severity of pain, or risk of the effects of shock, might have checked his hand, and deprived the patient of the benefit of his art.

The first thing to be observed in the consideration of administering a remedy through the respiration, is the facility of application, and our absolute independence of the patient's will, power of swallowing, and condition of stomach; for, whereas in some cases the irritability of this viscus at once ejects every medicine we may give, leaving the sufferer unrelieved, so, in other cases, difficult or impeded deglutition altogether hinders us from the administration of physic. Another great advantage, almost peculiar, is the promptitude with which the effect desired can be produced.

The first case which I would bring before your notice is one of uncomplicated spasmodic asthma in an otherwise healthy man, of middle age, to whom I was called five or six years ago, when suffering from a worse than usual paroxysm. He was sitting in an armchair, with shoulders raised, and in the greatest distress imaginable; was living, as it were, with his chest full of air, yet nearly suffocated. The chest was resonant; but the lung-tissue was so affected as to be unable to expel the air it already contained and receive a fresh supply. I hardly ever witnessed greater distress than at this moment; the patient had been seen by me in the morning, and was taking full doses of compound sulphuric ether. His residence was but a few yards from my own house, so I quickly fetched some chloroform, more quickly gave him complete relief without producing insensibility, and in a few minutes left him quite comfortable, and found him so the next day.

Since this case occurred, Dr. Hyde Salter's very able work on 'Asthma' has been published, in which he says:—"One of the most powerful and speediest remedies which we possess for asthma, to which I should, perhaps, give the first place of all, is chloroform. Its marked physiological effects early suggested its appropriateness, and the result has fully justified the trial. I have not had many opportunities of witnessing its effects personally, because when asthmatic patients consult one they are generally not suffering from the disease at the time; but in the cases in which I have witnessed it, I have been very much struck with the completeness of the control which it exercises over the asthmatic condition, and with the absence of all danger in its administration, provided the asthma is of the uncomplicated spasmodic form. If the only source of dyspnœa is bronchial spasm, it seems to me that it may be as safely given to an asthmatic in the height of a paroxysm as to a healthy person.

I at once proceed in the narration of another and different kind of case, my object being to pass these shortly in review; and then, from the conclusions we should arrive at, at the end of their recital, to express our opinion as to what class of remedies chloroform should rank in, and what variety of human ill it is most fitted to remedy.

Two years ago, a powerful young man, a cooper by trade, who had twice previously been under my care for delirium tremens, was rushing about the streets only partially dressed, wielding a large sledge-hammer, and vowing vengeance against a respectable inhabitant of the town who had offended him. After some trouble, two men closed upon him, took him to his home, and sent for me. I found him being forcibly restrained, and his room full of spectators attracted by curiosity. I sent out all who were likely to be of no service, and persuaded C. P. to come quietly to his bedroom. He was very tractable, as such patients generally are with one who shows that whilst he is kind he will be firm and determined. At my bidding, he took off his boots and trousers and got into bed. I took three opiate pills from my pocket, and, taking a cupful of water from his dressing-table, desired he would swallow the pills. With much civility, he took pills and cup from my hand, but tossed the former violently away, dashed first the water and then the cup into my face; drew me on the bed with one arm around me, and gave me a violent blow with the fist. All this was the work of an instant; and had not two men come up from below, I fancy it would have been quite an unequal contest, in which I should have come badly off. I left the house to fetch a restraining belt from my surgery, and before I could get back again, met a messenger to say that C. P. was running about the street in his shirt again, on the look out for his fancied offender. He was taken into his house once more; but we could do nothing with him until I had procured and quieted him with some chloroform; whilst he was under the influence of this, I put on the belt, made of a broad piece of web similar to that used for girths, having affixed thereto wristbands, also of web, lined with washleather, the whole secured by appropriate buckles. I continued for some little time to hold the inhaler occasionally before his face; and within an hour he was sufficiently quiet to take some medicine, and be left to the care of two men who volunteered their assistance. After taking a few doses of tartrate of antimony and opium, with plenty of cold water, he was pretty well, and in two days at his work.

I might enumerate and enlarge upon cases of convulsions in children, in whom life seemed endangered by the immediate effects of the fit, but was staved off by the effects of chloroform as the fits threatened or approached, until the removal of irritating matters from the intestine, or the lancing of gums, etc., has more permanently cured the cause; but it will be unnecessary to take up your time by reading these cases, since the good of their recital will be better shown by the report of other, and, to a certain extent, analogous cases; so I pass on to a well marked one of this type.

William B., aged 52, foreman in a brewery, but of very temperate habits notwithstanding his occupation, consulted me some few years ago for what I considered nightmare. He told me that every three or four weeks he would suddenly awake from an apparently disturbed sleep in which dreams had been frightening him; that after a few minutes he recovered, and was soon asleep again. He had some symptoms of indigestion, for which I prescribed, and advised some necessary alteration as to kinds of food, and hours when taken, and thought but little of his case. Some months later, his wife called upon me, and described a worse train of symptoms as seizing her husband, but exactly similar in mode of attack; that is, he would be to all appearance in perfect health, go to bed quite well, and soundly to sleep; but that she would be awakened in the night by a loud snoring, and find her husband slightly struggling, from which, in a few moments, he would recover, awake to perfect consciousness, and in the morning be quite well, and ignorant of the slight temporary disturbance of the night. I again gave advice and medicine; and for some months heard no more. Then I was called to him one night as being in a fit; but in the quarter of an hour it took me to dress and get to him, he was so thoroughly recovered that I could hardly imagine there had been much the matter; there was no history of foaming at the mouth, no bitten tongue, and in this short space of time no confusion of intellect. A few weeks later, I was again called in the night to see a most severe attack of epileptiform convulsions. There was great struggling on one side, the opposite limb being paralysed; the face was drawn to one side; there was foaming at the mouth; the eyes were staring, and the pupils slightly contracted and inactive; the veins of the head and face were distended; the skin thereof was dusky, and its whole surface was perspiring profusely. I gave directions for such remedies as were at hand; such as mustard poultices to nape of neck and feet, cold water rags to forehead, etc.; and putting the patient in a favourable position in the bed, I ran home for my inhaler and chloroform case, which is ever kept ready "charged." This only took a few minutes. On returning, I found W. B. just as I had left him; wailing and lamentations in his family; and the neighbours giving up all as without hope. The strugglings were as bad as ever; the stillness of opposite side as complete; urine was passing involuntarily; and there was the same cerebral and scalp congestion. After holding the chloroform before his nose and mouth about one minute, all this had given place to quiet sleep, in which he continued an hour, and awoke with headache and general uneasiness, which, however, soon passed off. That evening I saw him sitting up, and the next day he was at work. Stomachic and alterative medicines were given for a fortnight, the diet more stringently regulated, and he has continued in good health till this time.

In October of last year, I was summoned to H. T. J., a solicitor, in the prime of life and general good health, living in Ringwood. I found him writhing in agony from pain in the loin, through one groin, into the testicle of the corresponding side. He told me that he had felt some uneasiness in these regions for an hour or two; but had been suddenly seized with the more severe pain but a few minutes before sending for me. He had been sick. It was quite clear that a calculus was passing through the ureter. I applied hot fomentations; gave some ether and opium, which was quickly vomited, and an enema of warm water and laudanum; left a mixture of chloric ether and tincture of opium, with directions for the taking of it, and returned to my house; but in an hour or two was again called up to this patient, whose importunities for relief were loud and great, and who told me all my physic was vomited as soon as swallowed, as was everything else he took. I now had chloroform with me; after a few inspirations of which my patient

was comfortable. I occasionally held the inhaler before his face, but did not render him unconscious; and after sitting an hour by his bedside, I left him with nothing to complain of but languor and a feeling of exhaustion.

These four cases serve as examples in proof of the above assertion concerning the great power, prompt effects, ease of application, and independence of the will of the patient. In one case he would not, and in another he could not, swallow; in a third swallowing was useless, as the stomach would retain nothing; and in a fourth, I wanted a rapid effect produced, but was ignorant of a means of producing it.

The surgeon obtains in chloroform nearly equal good to that which the physician experiences in his practice, which he derives not only from its powers as a sedative and antispasmodic, but also as a depressant of muscular resistance. On one occasion I found its use of great service in the relief of retention of urine in a case of spasmodic stricture, enabling me to pass a catheter with ease, after having been for some time foiled in my attempts.

In a case of dislocation of the head of the thigh-bone on a dorsum of the ilium in a strong, muscular, middle-aged patient, reduction was quickly effected, with only two persons to keep up extension and counter-extension whilst I directed the head of the femur into the acetabulum.

About six years ago, I was just about to operate for strangulated hernia, after my brother-in-law, Mr. Henry Smith, Staff Assistant-Surgeon Jessop, and I, had tried the taxis in vain. Chloroform was being administered during the most violent struggles and contortions of the patient's body; but when at length he was quiet, and I had taken the knife in my hand, we found to our surprise the rupture returned, and, on recovering consciousness, the patient asked to get up to relieve himself, which he did very copiously. Other instances have occurred to myself, as to others, wherein the effects of chloroform, by relaxing muscular fibre, enable one to reduce herniæ or dislocations. Its effects in this way supersede the necessity of warm bath, venesection, tarter emetic, and tobacco enemata—means formerly resorted to for overcoming muscular resistance by the faintness to which each or all of them would give rise.

There is one other instance in which the surgeon derives great assistance from a moderate use of chloroform—viz., the removal of foreign bodies from the ears or the eyes of children. A child was once brought to me with a glass bead in its ear, every attempt to move which the wriggling of the child baffled. A very slight inhalation of chloroform served to stop this, and I at once took out the bead with the spoon end of a director. On more than one occasion I have been unable to remove a piece of steel from the cornea, because it was impossible to keep the lids sufficiently separated. Chloroform enabled the lad in each case to bear the eye being kept open, and the offending substance was easily taken away.

In midwifery practice, chloroform is of the greatest possible service. I have administered it frequently, at the request of patients, as an anæsthetic on such occasions. It is not to its use in this particular, however, that I allude; but to its effects in relaxing muscular fibre, and thereby overcoming resistance. In many cases wherein I have administered it, I have been convinced of its great service in this particular, and that its use has singularly expedited matters. It will be found to have no effect whatever upon the involuntary muscular fibre of the uterus; the pains or propelling power continue of as forcible a character as before its exhibition; but the resisting power is so much lessened, that delivery is more quickly accomplished.

In the treatment of puerperal convulsions, I look upon chloroform as the sheet-anchor, and consider it has saved some lives in my own practice, as I doubt not it must have done very many in the hands of others. With an inhaler and plenty of chloroform in such a case, I trust that I am not too sanguine in asserting that I should not fear the result. The great danger to life in convulsions is congestion of the brain and its consequences—the effect of pressure upon the veins by the violent spasmodic contraction into which the muscles of the neck are thrown. No sooner does the inhalation of chloroform begin to operate upon the patient than this spasmodic action ceases, and with it, the effect to which it has given rise, and which is so much to be feared.

In February, 1853, I had been some hours in attendance upon a primipara — a very lingering case. Towards the close of the labour, we were alarmed by the sudden accession of convulsions. All the muscles of the face, neck, and extremities were quickly set into violent action; the head was presently jerked backwards; the bitten and bleeding tongue protruded; the eyes became prominent, the face of dusky hue, and veins greatly distended. I sent in haste for my assistant at that time, Mr. Jessop, to bring forceps and chloroform. In a few moments there was an intermission of the convulsive action, but it quickly returned. As soon as the means of relief arrived, the patient was put under the influence of chloroform, and in a few seconds appeared in a calm sleep, during which interval of rest from spasmodic action I delivered her, by means of the forceps, of a living female child. Other fits followed in quick succession, but were immediately on their approach, cut short by the inhalation of chloroform; the attacks were less and less frequent, and in a few hours the patient could be pronounced convalescent.

In August of 1859, a similar case occurred in my practice. I was attending a young woman with her first child, when she became violently convulsed, and had several severe fits, being quite unconscious during each short interval. Here also chloroform and speedy delivery by forceps were the means used to terminate the case, and equally satisfactorily to the mother; but the child was still-born.

October 31st, 1861. I was called in by a woman, aged 30, pregnant for the fourth time, whom in previous labours I had attended and no bad symptom had arisen during pregnancy or delivery. She was now near the end of her time, and was anasarcous, with albuminuria. Her condition and the recent accession of these symptoms convinced me that pressure upon the renal veins, causing congestion of the kidneys, was the cause; and I told her that her labour must be at once brought on, to which she demurred, saying she wished to wait a day or two. Her bowels being confined, I sent her some large doses of compound jalap powder. During the succeeding night, I was called up by the husband telling me his wife was in a fit. I went immediately; but there was no sign of convulsion to be detected. I passed a catheter through the os uteri, separating the membranes from their attachment for about an inch. In the morning, Mr. Pridham of Broadway, who was then assisting me, visited this patient, and soon sent for me in consultation. She had just then recovered from a convulsive fit, and was unconscious. Mr. Pridham had found the os dilated to the size of half a crown, soft and dilatable. He very quickly turned and delivered. We gave a turpentine enema, and soon left the patient better. An hour afterwards, a messenger came to say the woman was much worse. I attended immediately, and found her in one of the most violent convulsions she had yet had; countenance purple with venous congestion, &c. The administration of chloroform at once relieved this, and put her quietly to sleep. In the after part of the day she had another fit, whilst Mr. Pridham was with her; and as he considered it left much congestion of the brain, although the muscular spasm ceased, and taking into consideration the congested state of the kidneys and a full habit of body, he bled her largely from the arm, and purged her freely. Although in this complicated case, which terminated favourably and quickly, other treatment was very properly adopted, it yet serves to show how completely the sedative effects of chloroform will check convulsions, and, where these depend upon uterine irritation only, will enable the practitioner to subdue the *effect*, whilst he removes the cause. In the case we have just been considering, the complication demanded other and more energetic treatment.

It is now thirteen years since I first adopted the inhalation of chloroform as a remedial agent, and though, unlike subsequent cases, it failed in saving life, I had the satisfaction of affording great relief in one of the most trying cases a surgeon can meet with —one of tetanus. In September 1849, a labourer, aged 44, was taken ill with symptoms of lock-jaw a fortnight after having wounded his foot, between the first and second metatarsal bones, with the prong of a large fork, whilst digging potatoes. He thought nothing of this occurrence at the time; and, indeed, when I first visited him for tetanic symptoms, he seemed to have almost forgotten the circumstance. Various means for his relief were adopted by my late father and myself; but the only thing which gave him any comfort was chloroform, which I constantly administered as spasm approached; but this at last became continuous, and the administration of nourishment impossible; the diaphragm and muscles of the glottis became affected, and he died of suffocation. This case was fully reported at the time in the 'Provincial Medical and Surgical Journal'; and, in my remarks, the failure of the chloroform in giving the more complete and permanent relief which I had anticipated was attributed to the fact that the seat of irritation in tetanus is in the spinal system, over which chloroform does not exert the same influence it does over the cerebral.

After very many instances in which I have used chloroform in the treatment of disease, my first impressions of its applicability to a certain class of cases have been fully confirmed; and I think we may rank chloroform by inhalation as our best sedative and antispasmodic, and resort to its use not only in the cases where the effect of such a medicine is quickly and in great power demanded, but always depend upon its efficacy, as is now so generally done, whenever we may have to overcome muscular resistance, saving our patients from the debilitating depressants in use before chloroform was resorted to; adopting it especially in the treatment of convulsions arising from reflex irritation, since physiology, pathology, and practical experience combine to recommend it.—'British Medical Journal.'

Leprosy in India. — During the last twelve years 543 deaths from leprosy have been registered in Bombay, of which 409 were males, and 134 females.

CASES IN PRIVATE PRACTICE.

By G. A. DAYTON, M.D., Mexico, N.Y.

FALLOPIAN PREGNANCY—DEATH IN 32 HOURS.

On Tuesday, the 25th of March, 1862, I was consulted by a gentleman in relation to the illness of his wife. He informed me that she had missed her last menstrual period, and the time had now arrived when her second period should take place, and that she was suffering the usual pain experienced on such occasions, only in an aggravated degree. I advised putting the feet and hips in hot water, and if the pain in the region of the uterus was very severe, to take a dose of morphine. On Wednesday the 26th, about eight o'clock in the forenoon, I first saw her and obtained the following brief history of her case. She was twenty-six years of age, had been married six years, never been pregnant, had on one or two previous occasions missed her menstrual time without any serious symptoms; that on this occasion she had suffered none of the usual symptoms of pregnancy; that on the day before, in her usual good health, about 8 o'clock in the forenoon, while engaged in sweeping her room, she was suddenly seized with severe pain in the region of the uterus, which was accompanied by such "singular feelings" that she thought she was dying, which was immediately followed by faintness and vomiting, and was much distressed to get her breath; that during the night the menstrual discharge had come on, and she had been expecting relief, but had experienced no alteration of her sufferings; that the morphine had produced no appreciable effect, and had made her very sick at the stomach. I found her extremities cold, although she was complaining of the heat of the room; she was very pale. No pulsation could be felt in the carotid or arteries of the forearm; frequent vomiting, which consisted of her drinks, slightly tinged with bile; great thirst; incessantly calling for cold drinks, which were generally vomited as soon as swallowed; great difficulty was experienced in breathing. Stimulants, such as brandy, wine, and whiskey, were freely administered, but like all other fluids taken into the stomach, were almost immediately ejected. Hot cloths were assiduously applied to the extremities, cataplasms of mustard and chloroform were applied to the surface, but with no effect, and all hope of reaction was at an end, and death was near; her mind remained clear until a few moments before she expired, which took place at four o'clock p.m., thirty-two hours from the time she was seized. The diagnosis was, that death was caused by hæmorrhage in the abdominal cavity; but what particular vessel, or from what cause, was unknown.

Autopsy, forty hours after death.—Rigor mortis well marked. On uncovering the body the abdomen was much distended and tympanitic. On opening the cavity of the abdomen the adipose deposit was nearly two inches in thickness, showing the good health of the patient at the time of the attack. As the cavity was opened a quantity of serum gushed out; this was followed by some fluid blood, which was carefully removed with the sponge, when a large quantity of coagulated blood was discovered; this was carefully removed, when the cause of death was readily discovered—viz., the left fallopian tube was ruptured at the junction of the middle and ovarian third, and from which opening was protruding a fœtus, inclosed in its membranes, floating in its perfectly transparent waters, and death was caused by the hæmorrhage from the small vessel, ruptured into the cavity of the abdomen; the rupture was about ten inches in length, with ragged edges, and, as before stated, the fœtus, inclosed in its bag of waters, was protruding, and was about the size of a pullet's egg; the fœtus could be clearly seen through the transparent membranes and waters, and its sex (a male) readily distinguished; the umbilical cord could be seen and traced to the placenta, which was about the size of a silver dollar, and was firmly attached to the inner portion of the fallopian tube, a short distance from the rupture; the uterus was about the size usually found in women who have borne children. Its cavity contained some mucus tinged with blood; but on careful examination, a strong light revealed no trace of the membrana decidua, which authors tell us lines the cavity of the uterus soon after conception; the ovaries were of the usual size and healthy. The accident or bursting of the fallopian tube, which caused the death of our patient, perhaps was caused by the congestion of the parts consequent upon menstruation.

CASES OF TÆNIA EXPELLED BY PUMPKIN-SEEDS.

I.—M. F., a lad of about twelve years of age, had for some months passed portions of tape-worm from one to two inches in length; he had previously taken the etherial oil of male fern, followed by castor-oil and turpentine in fourteen hours, but with no effect. On Saturday he was ordered to take ℥ij. of pumpkin-seeds, to be well bruised in a mortar; on Sunday at noon to take castor-oil and spts. turpentine, each ℥ij.; to take no food after taking the pumpkin-seeds. On Sunday afternoon the oil and turpentine operated as a cathartic, bringing away the entire worm 17½ feet in length.

II.—In July last, 1862, Mrs. ——, aged about fifty, said she had passed portions of tape-worm for several months, sometimes several feet in length had been expelled at one time; that she had taken several remedies, among them several drastic catharties, with no effect. She was ordered pumpkin-seeds, bruised well in a mortar, ℥iij., fasting, to be followed in twenty-four hours with castor-oil and spts. turpentine, each ℥ij. This brought away the entire worm twenty-three feet in length. My opinion is, that to make this remedy almost a specific, the seeds should be thoroughly bruised, so that the particles can come in contact with the head of the worm; also that fasting is absolutely necessary to enable the remedy to accomplish its work.

CASE OF POISONING BY THE WINE OF COLCHICUM.

On the 14th of June, 1862, J. B., aged sixty-seven, in his usual health before breakfast, took as near as could be ascertained about ℥ij. of wine of colchicum with a raw egg. Supposing that he had taken some kind of wine with his egg, he partook of a light breakfast; in about an hour he began to feel some uneasiness at the stomach, which increasing, he soon began to vomit, throwing up what he had taken for his breakfast; pain soon was felt over the region of the stomach, with nausea and frequent vomiting; the pain gradually extended itself over the abdomen, which was followed by several large watery evacuations, accompanied by severe griping pain at each discharge. At this time, some four hours after having taken the colchicum, I saw him: the extremities were cold, pulse low, 45, and very feeble; great feeling of prostration, accompanied with restlessness; vomiting frequent, throwing up his drinks tinged with bile; great thirst; he complained of severe pain and tenderness over the region of the stomach, and which was extending over the bowels. Evacuations from the bowels were frequent, with pain; the discharges were large and watery, coloured with bile resembling the matter vomited. A strong mustard emplastrum was ordered over the stomace, warmth applied to the extremities, small bits of ice were allowed to dissolve in the mouth, and some to be swallowed to allay the thirst, and to check the vomiting sixty drops of fluid ext. opium were given as an enema to allay the pain, which also lessened the frequency of the discharges; the pain and tenderness over the stomach increasing, a blister was ordered, with directions to sprinkle morphine upon the abraded surface to allay his pain; stimulants were used as freely as the case admitted of, but he gradually failed, and died on the 19th with the symptom of gastro-enteritis. No autopsy allowed.—'American Medical Times.'

Births, Marriages, and Deaths.

BIRTHS.

ADAMS.—On the 3rd inst., at Harrington square, the wife of Wm. Adams, F.R.C.S.E., of a son.

BURNETT.—On the 1st inst., at Westbrooke House, Alton, Hants, the wife of C. M. Burnett, M.D., of a son.

COBBETT.—On the 3rd inst., the wife of R. N. Cobbett, M.R.C.S.E., of Southgate, of a son.

DIXON.—On the 1st inst., the wife of J. Dixon, M.R.C.S.E., of Lansdowne terrace, Brighton, of a daughter.

DONNE.—On the 3rd inst., at Titchfield terrace, Regent's park, the wife of J. M. Donne, Surgeon, of a daughter, still-born.

ELLIS.—On the 4th inst., at Hinde street, Newcastle-on-Tyne, the wife of R. Ellis, L.R.C.P.Ed., of a son.

GRAMSHAW.—On the 20th ult., at Laxfield Villa, Framlingham, the wife of H. Gramshaw, M.R.C.S.E., of a daughter.

HASSARD.—On the 2nd ult., at Mean Meer, the wife of H. B. Hassard, L.R.C.S.I., Surgeon Indian Service, of a son.

HOGAN.—On the 23rd ult., at the Asylum, Londonderry, the wife o Wm. F. Hogan, M.D., of a daughter.

JOHNSTON.—On the 22nd of Nov., at Rajcote, the wife of T. B. W. P. Johnston, H.M.'s 16th Native Infantry, of a daughter.

JOYCE.—On the 31st ult., the wife of T. Joyce, M.R.C.S.E., of Berkeley gardens, Kensington, of a daughter.

KOCH.—On the 29th of Oct., at Jaffna, the wife of Dr. E. Koch, of a son.

MACLEAN.—On the 31st ult., at Portman street, Portman square, the wife of J. Maclean, M.D., of a daughter.

MAXWELL.—On the 22nd of Nov., at Agra, the wife of T. Maxwell, Surgeon 25th Royal Artillery, of a son.

MORRISSEY.—At Tipperary, the wife of T. J. Morrissey, M.D., of a son.

MURPHY.—On the 10th of Nov., at Kamptee, the wife of Surgeon-Major Murphy, of a son.

ROBERTS.—On the 28th ult., the wife of W. W. Roberts, F.R.C.S.E., of Carnarvon, of a daughter.

SIGERSON.—On the 1st inst., at Patrick street, Cork, the wife of G. Sigerson, M.D., of a son.

SQUIRE.—On the 1st inst., the wife of S. N. Squire, M.R.C.S.E., of Wivenhoe, Essex, of a son.

SYMONDS.—On the 1st inst., at Mount View, Gerrans, Cornwall, the wife of C. J. Symonds, L.R.C.P.E., of a son.

MARRIAGES.

BARBER—STUNT.—On the 5th inst., at Trinity church' Tottenham, H. Barber, M.D., of Ulverstone, Lancashire, to Frances, daughter of G. Stunt, Esq., of Tottenham.

CHURCHILL—DEAS.—On the 1st inst., at Kirkleatham, near Redcar, Yorkshire, J. F. Churchill, Esq., of the Ceylon Civil Service, to Jeannie Lindsay, only daughter of M. R. Deas, M.D., of Kirkleatham

Crerer—Fisher.—On the 30th ult., at Main street, Perth, A. Crerer, L.R.C.S. Edin., of Kinloch-Rannoch, to Robina Malcolm, fourth daughter of the late Alexander Fisher, Surgeon R.N.

Connor—M'Ilwaine.—On the 24th ult., at Rostrevor, S. Connor, L.R.C.S. Edin., of Newry, to Margaret, only daughter of the late J. M'Ilwaine, M.D., of Kilkeel.

Dallas—Bower.—On the 31st ult., at the Manse, Maryculter, near Aberdeen, J. Dallas, Esq., of Islington, to Agnes Eliza, youngest daughter of R. Bower, M.D.

Eustace—Wallace.—On the 31st ult., at the Presbyterian Meeting House, Capel street, Dublin, M. Eustace, L.K.Q.C.P.I., of Highfield, Drumcondra, to Elizabeth Jane, only daughter of the late A. B. Wallace, Esq., of Dublin.

Hamilton—Commins.—On the 17th ult., at Dublin, — Hamilton, M.D., R.N., to Miss F. G. Commins, of Tavistock.

M'Donald—Baskerville.—On the 1st inst., at Plympton-Maurice, T. W. M'Donald, F.R.C.S.E., Deputy Inspector-General of Hospitals and Fleets, to Louisa, relict of Lieut. C. B. Baskerville, R.N.

Pettinger—Wilson.—On the 1st inst., at Hawton, near Newark, G. W. Pettinger, M.R.C.S.E., of Stretford New road, Manchester, to Sarah, youngest daughter of J. Wilson, Esq., of the former place.

Smith—Taylor.—On the 1st inst., at St. Phillip's church, Birmingham, A. Smith, M.A., Head Master's Assistant in King Edward's School, Birmingham, to Frances Elizabeth, elder daughter of Thomas Taylor, F.R.C.S.E., of Bennett's hill, Birmingham.

Turtle—Wenman.—On the 1st inst., at Wadhurst, F. Turtle, M.D., of Colet place, to Mary Gude, eldest daughter of J. Gude Wenman, Esq., of Wadhurst.

DEATHS.

Braun.—On the 9th ult., at Wiesbaden, Dr. Carl Braun, an eminent Physician of that place.

Cameron.—Nov. 30, at New Amsterdam, Berbice, Evan P. Cameron, M.D., aged 53.

Campbell.—Nov. 12, at Debrooghur, Upper Assam, Euphemia J. Campbell, daughter of Dr. J. Campbell, aged 24.

Chase.—On the 29th ult., at High cross, Tottenham, Sarah, relict of the late E. Chase, Surgeon, of Luton.

Dean.—On the 27th ult., Mary Penelope, wife of J. Dean, of Oak-hill-road, Surbiton, late of the Madras Medical Service.

Farrington.—On the 23rd ult., at Gravesend, Maria, relict of J. Farrington, Surgeon R.N., aged 85.

Gerrard.—On the 26th ult., at Aboyne, Aberdeenshire, J. Gerrard, M.R.C.S.E., aged 29.

Hanna.—On the 27th ult., Letitia Crawford, wife of Harrison Hanna, M.D., of Belfast.

Harris.—On the 20th ult., at Wandsworth common, Ida Florence Elizabeth, daughter of W. Harris, F.R.C.S.E., aged 2 years and 10 months.

Heaton.—On the 27th ult., at Oak cottage, Aigburth, J. Cooper, youngest son of the late J. Heaton, Surgeon, of Blackend.

Mackenzie.—On the 17th ult., J. Mackenzie, L.R.C.P. Edin., of Ullapool, Dingwall, Ross-shire, aged 27.

Stanley.—On the 25th ult., at Portadown, Frances Grace, wife of H. Stanley, M.D., aged 36.

Thomas.—On the 25th ult., at Pembroke dock, W. Thomas, L.R.C.P. Edin., Deputy Lieutenant for the County, and Justice of the Peace.

MEDICAL NEWS.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 1st inst.:—Thomas Churton, Pool, near Otley; Edmund Pope, Eastern Dispensary; George Pearse Sargent, Albany road, Walworth.

The following gentleman also on the same day passed his first examination:—Henry Stubbs, General Hospital, Birmingham.

Royal College of Surgeons.—At the recent preliminary examinations of candidates, on commencing the study of the medical profession, one hundred and five gentlemen presented themselves, of which number ninety-five were successful. Our young friends will see that the list would occupy too much space in this journal, if published.

Cancer Patients.—Of the patients received into the Cancer Hospital at Brompton since its commencement in 1851, 511 were males, and 2646 females.

Illegitimate Births.—The number of illegitimate births per annum in the following cities averages thus: London, 4 per cent.; Paris, 33 per cent.; Brussels, 35 per cent.; Munich, 48 per cent.; and Vienna, 54 per cent.

Mortality of Infants.—Of the first 72 inquests on infants held by Dr. Lankester, no less than 12 were cases of infanticide; of the next 72, only 6 were of that class; of the following 72, only 4; and of the succeeding 250 inquests, there were only 6 or 8 cases.

Comparative Death-rate of Paris and London.—In the year 1861, London had a population of 2,815,138, and Paris of 1,696,141. In the year 1860 the deaths in London amounted to 61,821, and those in Paris to 41,261; so that London suffered a mortality at the rate of 21·96 per 1000, while Paris lost at the rate of 24·33 per 1000.

The Suspected Poisoning at Ludwell.—In an able letter, by Dr. W. Bird Herapath, to the *Salisbury and Winchester Journal*, he announces the fact, that he has just discovered the arsenic in the urine of a patient in the Bristol and Royal Infirmary, who has been under treatment with about eighteen grains of the impure trisnitrate of bismuth daily during the past fortnight. He remarks, in reference to the arsenic he discovered in the viscera of Mrs. Kiddle:—"Now, I do not for one moment wish to assert that Mrs. Trowbridge or any one else knowingly gave arsenic to our patient; there are abundant sources whence she might have obtained small but constant portions of such a poisonous body quite unconsciously to all around her—even the jelly she was fed upon might have contained it. I have found arsenical impurities in some specimens of jelly sold by excellent manufacturers. The gelatine of commerce also contains arsenic occasionally, and the source of the arsenic in these cases was presumed to be muriatic acid, employed to purify the clippings of cow and other hides obtained from the tanners of leather, and which, to fit them for conversion into gelatine or jelly by the wholesale confectioner or other manufacturer of these articles for the nourishment of invalids. People do not know what they eat or what they drink. Other cases have been known in which the paint on the shelves on which a baker had placed his hot loaves of bread was the source of arsenic discovered by some toxicologist."

Wounds in Battle.—The medical report of the wounded in Reynold's corps, Gibbons's division, at Fredericksburg, gives an account of 859 cases. No less than 498 were hit in the leg or foot, 45 in the hips, 10 in the arm or shoulder, 61 in the hand and forearm, and 10 contrived somehow to get shot in the back. Chloroform was administered to 186 with complete success.

Abstract of the Report of the Pathological Society, *read January 6, 1863.*—The Council of the Pathological Society, in furnishing the Seventeenth Annual Report of its proceedings, has the gratification to announce, that its career continues to be marked by unabated prosperity. Notwithstanding circumstances, the influence of which has tended, in some degree, to limit the rapid rate of progress which the Society has maintained ever since its origin in 1846, its numerical strength has never been greater than at the present time. Furthermore, its vigour has in no respect diminished; the interest of the meetings has, if possible, rather increased than otherwise; and the supply of valuable preparations, not only from our own country, but from abroad, has never been at any previous period surpassed. The financial statement exhibits a balance in the hands of the treasurer of 180*l.* A portion of this will be added, according to the usual custom, to the Society's funded property, which now amounts to 129*l.* 6s. 7d. The following are the Officers and Council of the Pathological Society of London, elected for the year 1863. The gentlemen whose names are marked with an asterisk (*) did not hold the same office during the preceding year:—*President.*—* Prescott G. Hewett, Esq. *Vice-Presidents.*—William Jenner, M.D.; Sir John Liddell, M.D., C.B., F.R.S.; * A. B. Garrod, M.D., F.R.S.; * Geo. Johnson, M.D.; Wm. Coulson, Esq.; * John E. Erichsen, Esq.; * John Hilton, Esq.; * Geo. D. Pollock, Esq. *Treasurer.*—Richard Quain, M.D. *Council.*—Thomas A. Barker, M.D.; George Budd, M.D., F.R.S.; Andrew Clark, M.D.; William D. Chowne, M.D.; George Harley, M.D.; * Stephen J. Goodfellow, M.D.; John W. Ogle, M.D.; James E. Pollock, M.D.; * George D. Gibb, M.D.; Richard Barwell, Esq.; Bernard E. Brodhurst, Esq.; W. White Cooper, Esq.; William H. Flower, Esq.; J. Gregory Forbes, Esq.; Timothy Holmes, Esq.; John Pyle, Esq.; Samuel J. A. Salter, Esq.; * Thomas Bryant, Esq.; * John Whitaker Hulke, Esq.; * Edward Ray, Esq. *Honorary Secretaries.*—J. S. Bristowe, M.D.; Henry Thompson, Esq.

Medical Vacancy.—The office of House Surgeon to the Lock Hospital, Dean street, Soho, will shortly be vacant.

University of St. Andrews.—List of gentlemen on whom the Degree of Doctor of Medicine was conferred on December 20th, 24th, and 31st, 1862:—Joseph Dixon Adams, M.R.C.S., L.S.A., Martock, Somerset; Patrick M. Allan, L.R.C.S. Ed., Arbroath; Henry George Allanson, M.R.C.S., L.S.A., Sheffield; John Anderson, M.R.C.S., L.A.C., Grantham; George A. Angier, M.R.C.S. L.S.A., Ipswich; George Morris Ashforth, M.R.C.S., L.S.A., Westmill, Herts; Charles Owen Aspray, L.S.A., London; Thomas John Aubin, M.R.C.S., St. Clement's, Jersey; Mackenzie Bacon, M.R.C.S., L.S.A., Norfolk; John J. Ball, Dublin; William W. Ballard, M.R.C.S., L.A.C., Tunbridge; Richard Bangay, M.R.C.S., Corbridge; Alfred J. H. Banks, M.R.C.S., L.A.C., Stafford; Edward R. Barker, M.R.C.S., Denbigh; Thomas H. Barnes, M.R.C.S., L.M., Clare, Suffolk; Barnabas Barrett, M.R.C.S., L.A.C., Liverpool; John T. Barrie, L.F.P.S. Glasg., Newarthill, Lanark; Thomas Samuel Barrow, London; Joseph Barwise, L.A.C., Wigan, Lancashire; Abraham Bate, L.R.C.S.I., L.M., Donegal, Ireland; Henry Beattie, M.R.C.S., L.A.C., Waltham Abbey; Walter Thomas Beeby, London; Joseph S. Belcher, M.R.C.S., L.A.C., London; James Edward Bennett, M.R.C.S., L.S.A., London; Henry Benson, L.R.C.S.I. Dublin; Charles Beviss, London; Charles Henry Biddle, M.R.C.S., L.S.A., Leeds; Rowland Blennerhassett, L.R.C.S.I.,

L.R.C.P.E., Co. Kerry, Ireland; William Bloxam, M.R.C.S., L.S.A., London; Andrew Bolton, M.R.C.S., L.S.A., Newcastle-on-Tyne; Lionel Booth, M.R.C.S., L.S.A., Greenwich; Samuel Booth, M.R.C.S., L.S.A., Huddersfield; Josiah A. Bowen, L.F.P.S. Glasg., Bretherton, Lancashire; William Philip Brabazon, L.R.C.S.I., L.K.Q.C.P., Liverpool; William S. Bramley, M.R.C.S., L.A.C., St. John, Wakefield; J. Brecknell, M.R.C.S., L.S.A., Durham; John M. Bright, M.R.C.S., L.A.C., Forest-hill, Kent; Augustus Brown, M.R.C.S., L.A.C., Islington; John R. Brumwell, M.R.C.S., L.A.C., Burnley; William Henry Fleetwood Puckle, L.S.A., Royal Mint; Ebenezer Bucknill, M.R.C.S., L.S.A., London; Edward C. Bury, M.R.C.S., L.A.C., Wisbeach; Robert Lyons Campbell, F.R.C.S., Lond., L.R.C.P. Lond., Inverness; John Candy, M.R.C.S., L.A.C., Alstonefield, near Ashbourne; John Cannell, Peel, Isle of Man; George L. Garrick, Edinburgh; J. F. Chittenden, M.R.C.S., L.S.A., London; A. G. Clarke, Calcutta; James Cleghorn, Caithness; William Cooper, M.R.C.S., L.R.C.P. Ed., L.S.A., Bury St. Edmunds; David Dunlop Costine, Liverpool; Henry Joseph Coulton, L.R.C.S.I., L.M., Dublin; Robert Cowan, L.F.P.S. Glas., Glasgow; Thomas Creed, M.R.C.S., L.A.C., Greenwich; Nathaniel E. Cresswell, M.R.C.S., L.A.C., Canterbury; Samuel Crompton, M.R.C.S., L.A.C., Manchester; William Cross, Liverpool; William G. Curgenven, Plymouth; George C. Dale, F.R.C.S. Eng., L.S.A., London; Robert Alexander Davis, L.R.C.P. Ed., L.S.A., Stafford; David Davies, M.R.C.S., L.A.C., London; Horace Day, M.R.C.S., H.M. Bombay Army; James Bathgate Dickinson, M.R.C.S., L.S.A., Howden-on-Tyne; Patrick William Dillon, M.R.C.S., L.S.A., Ennis, Ireland; Ebenezer Diver, London; George Douglas, M.R.C.S., L.A.C., Gateshead-on-Tyne; William B. Dow, L.R.C.P. Ed., L.F.P.S. Glasg., Fifeshire; Thomas Downie, L.R.C.P. Ed., L.F.P.S. Glasg., Blantyre; Edward Dowson, M.R.C.S., London; William Dunderdale, M.R.C.S., L.S.A., L.M., Boulton-le-Fylde, Lancashire; John Edwards, M.R.C.S., Birmingham; Daniel Elias, L.S.A., Southport, Lancashire; John Ellerton, M.R.C.S., L.S.A., Wakefield, Yorkshire; George Stokoe Elliot, Southwell, Notts; William Alfred Elliston, M.R.C.S., L.S.A., London; William Erskine, L.F.P.S. Glasg., Dunfermline; Charles Evers, M.R.C.S., L.A.C., London; James Ewing, L.R.C.P. Ed., L.F.P.S. Glasg., New Lanark; Henry R. Fawcus, M.R.C.S., L.A.C., S. Charlton, Northumberland; Richard Fegan, L.R.C.S.I., L.K.Q.C.P. Belfast; Alex. J. Ferguson, L.F.P.S. Glasg., Perth; John Ferguson, M.R.C.S., Cove Nigg; Edward Fernie, M.R.C.S., L.A.C., Macclesfield; Charles E. Fitzgerald, M.R.C.S., Folkestone; Charles Newth Foote, M.R.C.S., L.S.A., Conisbro', Doncaster; James Ford, M.R.C.S., Barnstaple; John Frame, L.F.P.S. Glasg., Glasgow; John D. Frankish, Guy's Hospital; John Fulham, L.R.C.S.I., L.A.C., Drogheda; Charles Furner, M.R.C.S., L.A.C., Brighton; Frederick George, M.R.C.S., Cotterham, Surrey; Hugh George, M.R.C.S., L.A.C., Revesby, Lincolnshire; John Gimblett, M.R.C.S., L.S.A., Lydney, Gloucester; William Gimson Gimson, M.R.C.S., L.S.A., Witham, Essex; Richard W. Goddard, M.R.C.S., L.A.C., London; Samuel Day D. Goss, L.R.C.S. Ed., L.S.A., London; James H. Gramshaw, M.R.C.S., L.A.C., Gravesend; Adolphus Burnell Great Rex, L.S.A.., Eccleshall; Michael Greene, L.R.C.S. Ed., L.A.C., Ennis, Co. Clare; Alexander Greenlees, L R.C.S. Ed., Glasgow; Alfred Leete Griffith, M.R.C.S., L.S.A., L.M., Swindon; Griffith H. Griffith, M.R.C.S., L.A.C., L.R.C.P. Ed. by Exam., Folkestone, Kent; James Griffith, M.R.C.S., L.A.C., Smarden, Kent; Francis P. Griffiths, M.R.C.S., L.A.C., Sheffield; Owen Grimbley, L.S.A., Banbury, Oxon; John Grove, M.R.C.S., L.A.C., London; William R. Grove, M.R.C.S., L.S.A., Huntingdon; Samuel T. Gwynn, M.R.C.S., L.A.C., Whitechurch, Salop; Charles Fincham Harding, M.R.C.S., Woolwich; Abraham Harris, L.R.C.P. Ed. by Exam., M.R.C.S., L.A.C., Camborne, Cornwall; Walter Harris, M.R.C.S., London; Arthur Robert Harrison, M.R.C.S., L.S.A., London; Henry Mortimer Hawkins, M.R.C.S., Peckham, Surrey; George Hayward, M.R.C.S., L.S.A., Leeds; Sidney Hayward, M.R.C.S., L.S.A., London; Edward Heath, M.R.C.S., Arklow, Ireland; Frederic Hetley, F.R.C.S. Eng., L.S.A., Norwood, Surrey; Edward Hibbert, M.R.C.S., L.M., Tunbridge Wells; Charles C. Hicks, M.R.C.S., L.S.A., Dunstable; John Daniel Hill, M.R.C.S., L.S.A., Market Harbro', Leicestershire; Alex. Hillyard, L.R.C.S.I., L.M., L.S.A., Falcarragh, Ireland; C. S. Hilton, L.S.A., Preston; Edward RodolphusHodgkinson, L.A.C., Umballoch, India; Richard Holt, London; Abney C. Hopton, M.R.C.S., London; E. A. Howsin, M.R.C.S., Newark; Ebenezer Hughes, L.F.P.S. Glasg., Liverpool; James D. Hulme, M.R.C.S., L.A.C., Wigton; H. Hume, M.R.C.S., L.S.A., London; William Hutchinson, L.F.P.S. Glas., Loughborough; Francis Henry Wilson Iles, M.R.C.S., L.S.A., Watford, Herts; George R. Irvine, M.R.C.S., L.S.A., Portsmouth; John W. Irvine, L.R.C.S. Ed., L.A.C., Lancaster; Felix William Isherwood, L.R.C.P. Ed., M.R.C.S., L.S.A., Hayes, Middlesex; Robert Jackson, Newcastle; Thomas Jackson, M.R.C.S. L.A.C., Scarborough; Alfred James, M.R.C.S., L.A.C., Forest Hill, Kent; James M. Johnson, L.F.P.S. Glasg., Liverpool; Thomas M. Johnson, L.S.A., Salford, Lancashire; John E. Jones, M.R.C.S., L.A.C., Dolgelly, N. Wales; Edward A. Keogh, Dublin; Charles Noyce Kernot, M.R.C.S., L.S.A., L.M., Cowes, Isle of Wight; Benjamin C. Kerr, L.R.C.S., H.M. Service; Thomas William King, M.R.C.S., London; William O. Lambert, L.F.P. S. Glasg., L.R.C.P. Lond. Sunderland; John William Lane, L.R.C.S.I., Bellaghay, Ireland; Jeremiah Lawlor, L.F.P.S. Glasg., Queenstown; Matthew Lee, M.R.C.S., Bradford; Joseph Less, L.A.C., London; John Levey, M.R.C.S., Ed. L.M; Edwin Lloyd, M.R.C.S., L.A.C., Worksop, Notts; William Loftus, L.R.C.S., Glasgow; Charles F. Long, M.R.C.S., L.S.A., Barham, Kent; Arthur E. T. Longhurst, M.R.C.S. L.S.A., Royal Navy; Christopher C. Lynn, M.R.C.S., Newcastle-on-Tyne; James Macbirnie, L.F.P.S. Glasg., Glasgow; George V. Macdonogh, L.R.C.S.I., Sunderland; John Macgowan, L.F.P.S. Glasg., Milport; Duncan Macintyre, L.R.C.S. Ed., Fort William; J. William Mackenna, L.F.P.S. Glasg., London; William J. Mackenzie, M.R.C.S., L.R.C.P., Greenwich; Christopher J. Madden, L.R.C.S. Irel., Bourton-on-Water; Martin Magill, M.R.C.S., Royal Navy; John Marshall, L.R.C.S. Ed., Edinburgh; Thomas E. Mason; Donald Ptolemy Masson, M.A. Edinburgh; William William Matterson, M.R.C.S., L.S.A., York; James Blake Maurice, M.R.C.S., L.S.A. Lond.; Hustor Maxwell, M.R.C S.I., H.M.S. 'Pembroke;' John Mayer, M.R.C.S., L.A.C., Macclesfield; George Mayou, M.R.C.S., L.A.C., Newport, Monmouthshire; Albert M'Diarmid, M.R.C.S., L.A.C., Rochester, Kent; Aaron George Medwin, L.S.A. Lond. Charles Matthias Meller, M.R.C.S., L.S.A. London; Edwin J. Miles, M.R.C.S., L.A.C., Gillingham, Dorset; Thomas Mills, M.R.C.S. Tipton, Staffordshire; William P. Mills, M.R.C.S., L.A.C., L.R.C.P. Lond., Ipswich; John Miller, L.F.P.S. Glasg., Glasgow; John R. Milsome, M R.C.S., L.S.A. London; Robert Nathaniel Mitchell, M.R.C.S., L·S.A., New-cross, Kent; Arthur M'Kenna, L.R.C.S. Edin., H.M.S. 'Hogue'; Hugh M'Lean, M.R.C.S., L.S.A., Newcastle; William Henry Moor, M.R.C.S., L.S.A. Buntington, Herts; Edwin Moore, M.R.C.S., L.S.A., Preston; Francis Moore, M.R.C.S., L.S.A., Hadham; Edward S. Morley, M.R.C.S., L.S.A., Blackburn; Peter Morrison, L.F.P.S. Glasg., Glasgow; Edward L. Moss, L.R.C.S.I., L.M., Dublin; Patrick Mulholland, L.F.P.S. Glasg., Glasgow; William L. Mumford, M.R.C.S., L.S.A., Cornard Parva, Suffolk; William Murdoch, M.R.C.S. London; Henry A. Murray, L.A.C., Evenwood, Durham; John C. Murray, L.R.C.S., Gateshead; James Neal, M.R.C.S., L.S.A., Birmingham; Frederick Needham, M.R.C.S. L.M., York; George M. Nell, M.R.C.S., L.M.; George D. Nelson, M.R.C.S., L.A.C., Bridlington Quay; George Edward Nicholas, M.R.C.S. L.S.A., L.M., Wandsworth, Surrey; Robert Thomas Nichols, L.S.A., Rotherhithe, London; Robert Salisbury Nightingall, M.R.C.S., L.S.A., London; George William Noad, M.R.C.S., L.S.A., Wokingham, Berks; Richard Norris, M.R.C.S., Birmingham; William Augustus Norton, M.R.C.S., Alderton, Suffolk; Elisha Noyce, L.S.A., London; Frederick O'Connor, L.F.P.S, Glasg., Dublin; Henry O'Flanagan, L.R.C.S., Miltoun, Ireland; Edmund O'Ryan, L.S.A., L.M., Clonakilty, Ireland; John Owen, M.R.C.S. L.A.C., Bromyard, Hereford; Henry Owens, M.R.C.S. Croydon; James Allden Owles, M.R.C.S. Eng., L.S.A., Bungay, Suffolk; Robert Paterson, L.F.P.S. Glasg., Galston, Ayrshire; Joseph Chadwick Peatson, M.R.C.S., L.F.P.S. Glasg., Manchester; Charles Howell Phillips, M.R.C.S., L.S.A., London; John Picthall, L.R.C.P. Lond., L.R.C.S. Bengal Medical Service; A. Bradford Pierpoint, M.R.C.S., L.S.A. London; Alexander Pole, M.R.C.S., L.M., Greenbank, Shetland; Robert Popham, L.F.P.S. Glasg., London; John Lewis Prichard, London; John Prythrech, M.R.C.S., L.S.A., Liverpool; Thomas Pullin, M.R.C.S., L.A.C., Sidmouth, Devon; Joseph Meredith Ramsbotham, M.R.C.S., L.S.A., London; Robert Ransom, F.R.C.S., L.A.C., L.M., Cambridge; Wynne Staton Ranson, Edinburgh; William P. Rawlins, L.R.C.S., L.A.C., Kentish town; Edward Ray, F.R.C.S. Eng., L.S.A. Dalwich; Edward Reckitt, M.R.C.S., L.S.A., Wainfleet; George Reed, M.R.C.S., L.A.C., London; Samuel C. Reed, L.R.C.P. Ed., M.R.C.S., L.A.C., London; James B. Reid, L.F.P.S. Glasg., Ayrshire; Thomas Remington, L.S.A., Brixton, Surrey; Robert Renfrew, L.F.P.S., Glasgow; Charles Rhodes, M.R.C.S., L.S.A., London; Wm. Rice, L.R.C.P.E., L.F.P.S., Glasgow; Henry Ebenezer Richards, L.S.A., London; C. S. Richardson, M.R.C.S., L.S.A., London; J. Ring, L.A.C., 1st Ex. M.D., Kettering, Northamptonshire; W. Ritchie, London; A. Tucker Roberts, M.R.C.S., London; John Roberts, M.R.C.S., L.A.C., Talarron, North Wales; John S. Roberts, L.R.C.P., Ed., M.R.C.S., L.S.A., Sheffield; Charles S. Robinson, M.R..C.S., L.S.A., L.R.C.P., Ed., London: Edmund Robinson, M.R.C.S., L.A.C., Birmingham; John Roche, M.R.C.S., L.S.A., Fermoy, Ireland: John Roland, M.R.C.S., L.S.A., Strata Florida, Wales; Alfred Rudyard, Macclesfield, Cheshire; John L. Rushton, M.R.C.S., Macclesfield; Arthur Samuels, M.R.C.S., L.S.A., Liverpool; Folliott J. Sandford, M.R.C.S., L.A.C., Drayton; John Lee Sands, L.R.C.S.I., L.M., Royal Navy; David Maurice Sargeant, M.R.C.S., Ramsay, Huntingdon; George Pearse Sergeant, L.F.P.S., Glasg., London: William Saul, M.R.C.S., L.S.A., London; Thomas Savage, L.R.C.P., M.R.C.S., L.S.A., Newport, Isle of Wight; Charles T. Savory, M.R.C.S., L.S.A., London; Henry L. Saxby, L.M., Ballasound, Shetland; Wm. Sayer, M.R.C.S., L.S.A., Liverpool; David Scott, L.F.P.S., Glasg., Dunoon; George J. Sealy, M.R.C.S., L.A.C., Maidstone, Kent; John T. Seccombe, M.R.C.S., L.S.A., London; Henry C. Selwood, M.R.C.S., Birkenhead; Andrew Semple, L.R.C.S., Army; William Shaw, L.F.P.S. Glasg., L.S.A., Lurgan, Ireland; Alfred Sheen, London; Michael

J. Sheridan, L.R.C.S.I., Wexford, Ireland; Benjamin Simmons, M.R.C.S., L.S.A., Watchet, Somerset; Joseph A. Simons, M.R.C.S., L.A.C., Sussex; Frederick Skae, Edinburgh; George Skrimshire, L.S.A., London; Francis W. Smartt, L.R.C.S.I., Lic. K. and Q. Coll. Kilworth, County Cork; Andrew F. Smith, Tweedmouth; Charles Smith, L.R.C.S.I., L.M., Derry, Ireland; Henry Smith, M.R.C.S., L.S.A., Rudgwick, Surrey; James A. Smith, L.F.P.S., Glasgow; John Smith, M.R.C.S., L.A.C., Chatham; R. C. Smith, L.F.P.S. Glasg., Manchester: S. W. Smith, M.R.C.S., L.S.A.; Lionel D. Spencer, Newcastle-on-Tyne; Robert H. S. Spicer, L.R.C.P. Ed., M.R.C.S., North Molton, Devon; Samuel Spratley, M.R.C.S., L.M., L.S.A., Rock Ferry, Cheshire; George F. Spry. M.R.C.S., L.A.C., Army; Thomas Stainthorpe, M.R.C.S., L.S.A., Hexham; Joseph H.P. Staples, M.R.C.S., London; Richard J.P. Steel. M.R.C.S., L.R.C.P. Ed., L.A.C., Blaenavon; James Steele, L.R.C.S.E., Lanarkshire; Daniel Stewart, L.R.C.S. and L.M. Ed., Auchterarder; Henry Tournay Stiles, M.R.C.S., L.M., L.S.A., Spalding, Lincolnshire; William Domett Stone, M.R.C.S., L.S.A., Fulham, London; Henry John Strong, L.R.C.P. Ed., M.R.C.S., L.S.A., L.M., Croydon; John W. Taylor, New Malton, Yorkshire; Thomas M. Tear, M.R.C.S., Ramsay, Isle of Man; Samuel Telford, L.R.C.S.I, Dublin; William H. C. Tessier. L.A.C., Dublin; Richard R. G. Thomas, L.R.C.P. Ed., L.M., Hartland, North Devon; John Thompson M.R.C.S., L.S.A., Snaith, Yorkshire; Robert Farren Thompson L.R.C.S., L.A.C., Jarrow, Durham; Robert Tiffen, M.R.C.S., L.S.A., Wigton, Cumberland; Henry Tofts, M.R.C.S., L.S.A., Cambridge; Henry Beesly Trimmer, M.R.C.S., Gloucester; Alexander Trotter, L.F.P.S. Glasg., Blyth, Northumberland; Chas H. Trotter, M.R.C.S. L.A.C., Sydney; Henry E. Turnour, M.R.C.S., L.S.A., Market Rasin, Lincoln; J. E. Tuson, M.R.C.S., H. M. Bengal Army; E. C. Tyte, M.R.C.S., L.A.C., Harrow; Thos. S. Usher, M.R.C.S., L.A.C., Hull; Edward Waddington, L.K.Q.C.P., L.R.C.P. Ed., L.R.C.S. Wakefield; Frederick Waghorn, M.R.C.S. London, Edward G. Wake, M.R.C.S., L.S.A., Collingham, Notts; Robert Wallace, L.F.P.S. Glasg., Saltcoats; John Ward, Glossop, near Manchester; Alfred William Warder, M.R.C.S., L.A.C., Ottery, Devon; Francis William Warrington, M.R.C.S., L.A.C., Congleton, Cheshire; Isaac Watchhorn, London; John Watson, M.R.C.S., Manchester; Joseph Webster, M.R.C.S., L.R.C.P. Ed., Golcar, near Huddersfield; Archibald Weir, F.S.C.S. Ed., Malvern; John H.C. Whipple, Plymouth; Arthur Calcutta White, M.R.C.S., L.S.A., Rawreth, Essex; Edward White, M.R.C.S., L.S.A., L.M., Birmingham; Frederic Eachus Wilkinson, L.R.C.P. Ed., M.R.C.S., L.S.A., Sydenham, Kent; Matthew Willett, M.R.C.S., Bristol; W. Rhys Williams, L.R.C.P. Edin., Baldoch; James Williamson. M.R.C.S., L.S.A., South Shields; Thomas Willis, M.R.C.S., L.S.A., Dublin; James Wilson, M.R.C.S., L.A.C., Lancashire; John Wyse Wilson, M.R.C.S., L.M., L.S.A., London; Thomas Wilson, M.R.C.S., Lancashire; Alfred Wiltshire, London; Conrad Christopher Wimperley. M.R.C.S., Louth; William C. Wise, M.R.C.S., L.A.C., Plumstead, Kent; James Wood, L.R.C.P. Ed., L.R.C.S., Kirby Overblows, Yorkshire; William P. Wood, M.R.C.S., L.R.C.P., L.A.C., Rochdale; Frederick Woodman, L.R.C. Lond., M.R.C.S., Isleworth; Henry Charles Woods, M.R.C.S., Godalming, Surrey; Edward Woolridge, M.R.C.S. L.S.A., London; John D. Wrangham, M.R.C.S., L.A.C., Wragby, York; Henry J. Young, M.R.C.S., L.A.C., Bath.

APPOINTMENTS FOR THE WEEK.

Wednesday, December 14.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Hunterian Society, 8 p.m.—Mr. Hutchinson, "On Herpes Zoster, a Pathological Riddle."

Thursday, January 15.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m. Fibrous Tumour of Uterus, Excision of Hypertrophied Labium of Clitoris; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Chemical Society, 8 p.m—Dr. W. J. Russell, "On the Atomic Weights of Nickel and Cobalt."

Friday, January 16.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, January 17.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Metropolitan Association of Medical Officers of Health, 7½ p.m.

Monday, January 19.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.; Medical Society of London, 8½ p.m.

Tuesday, January 20.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.; Ethnology Society, 8 p.m.; Pathological Society, 8 p.m.

BOOKS RECEIVED FOR REVIEW.

Observations on Diseases of the Rectum. By T. B. Curling, Esq., F.R.S., &c. (Third Edition.) London: John Churchill.

Remarks upon Archbishop Whately's Letter on Medical Trades-Union. By D. W. Bayes. London: H. Turner and Co., Fleet street.

The Stethoscope for January. London: J. W. Davies, 54 Princes st.

The Glasgow Medical Journal. No. XXXIX and XL.

NOTICES TO CORRESPONDENTS.

The Leeds Mercury.—Received. We are obliged by the favour.

Chirurgus.—The cases of scarlatina co-existent with measles of which we occasionally hear, are, we believe, instances of bad diagnosis. There is a disease, long since described by Dr. Ross, which resembles both scarlatina and measles in its two stages, and this affection is commonly mistaken for either one or the other of the better known disorders. It is a milder affection, and appears epidemically like measles and scarlatina.

G. H. W.—Certainly not.

Dr. B. S.—1st. We think not.—2nd. Our advice is "Try."

Mr. Peter J.—The information can only be published as an advertisement.

Sigma.—Dr. Tilt's work on Ovarian Disease is a very good one.

Candidatus.—1st. You are too late.—2nd. No.

Mr. W. Smith.—Attended to.

The Late Dr. Knox.

To the Editor of the Medical Circular.

Sir,—Your sketch of the late Dr. Knox has been universally admired and admitted to be the best of all the recent learned and melancholy legends of his *In Memoriams.*

I happened to have several conversations with poor Knox a little before his death, on the late controversy between Professors Owen and Huxley, as to the "differentiation" as my friend Rollestone at Oxford would term it, of the brain of man and the gorilla. Knox recommended strongly an essay by Mr. Flower, on the posterior lobes of the cerebrum of the quadrumana; he groaned over the shallowness of the medical press in general to leave such things to the newspapers. He had dissected himself a greater number of brains of *quadrumana* than any man alive, yet his opinion as to the hippocampus and posterior cornu was not esteemed so much as Rev. Mr. Kingsley's, who advised to toss up, and was quoted as very acute in journals partly Medical.

Knox seemed to think the philosophers were delighted to have a shot at Owen about the back part of the brain and great toe of apes, but they were talking of the fore-part and its functions, and left out the toe; he was highly amused, and cocked his ear, *more suo*, as I spoke of the great gulf fixed between man and apes; "Yes," said he, "but the brain of apes is flat, the brain of man is voluminous and high, each convolution forms an intimate connection with a segment of the crus cerebri." "This looks like phrenology," I observed, "No matter," he said, "these convolutions give an intellectual peculiarity to the tracts of the crus and are all to nothing more numerous in man."

He seemed to have studied the subject with much care, and rather sided with Huxley on some points as to the hippocampus, and with Owen on others as to function; but he thought the great hippocampus question and posterior cornu in the 'Times' at that epoch very silly and insignificant, and the idea to "toss up" of Mr. Kingsley simple idiotcy, that could only occur in a very idle or corrupt state of Medical literature. Poor Knox! no doubt he thought deeply on this subject; but the *flatness* of the brain of apes was the only distinction he could decide about definitely; whilst the voluminous and high brain of man, to be understood, should not be dissected as now done in Medical schools—*centrum ovale*, &c., &c.—but rather in peripheric or longitudinal regions or sections, one taking in the convolutions near the middle line connected with the intellect; the next, or second, connected with the cerebral and spinal nerves occupying the entire periphery. These convolutions are deficient in animals, whilst in man they are in direct correspondence with inventive and mechanical powers, human voice, speech, singing, &c. The good old dissecting-room, *centrum ovale*, &c., makes hodge-podge of the thing. The third division of the brain Knox would have described, is something I half forget connected with the pediele of the cerebellum restiform body, &c., very large in animals, and intended for locomotion or flexion of muscles.

It was as an ethnologist, I think, that Dr. Knox shone more clearly, and few travellers who went into Mr. Renshaw's but had a treat as to the ethnological peculiarities of "strangers of Rome, Cretes, and Arabians," not forgetting the incontrovertible Saxon. Poor Knox, multas flebilis, &c. Yours, C. K.

Sackville street, W., Jan. 9.

Dr. B. H.—We think that it was the late Dr. Richard Bright who first traced chorea to rheumatism. No doubt there is a connection between the two maladies.

A Subscriber (Dublin).—The qualification suffices for an English appointment.

Jacobus.—Unless you have been careful to obtain a certificate from the magistrate you are not entitled to the fee for the attendance. It is probable that one would be given on application.

X. X.—Leprosy is undoubtedly an hereditary disease, the influence of climate notwithstanding. You could obtain a form on application at the College of Physicians.

Medicus (Reading).—1st. Yes.—2nd. The Medical Council has no funds for the purpose.

Biologist.—Sir Isaac Newton was never married. You are right with regard to Bacon and Harvey.

Mr. Hobson.—Received.

Dr. Jameson is thanked.

Dr. W. S.—The numbers shall be forwarded.

JOURNAL

OF

Practical Medicine and Surgery.

MEDICAL CORRESPONDENCE.

ART. 6354. REMARKS ON SYNCOPE AND ANÆSTHESIA, INDUCED BY THE INHALATION OF CHLOROFORM, FOR THE PURPOSE OF FACILITATING THE REDUCTION OF INCARCERATED HERNIA.—The pain caused by strangulated hernia induces in the abdominal muscles a degree of morbid contractility which interferes with reduction, and greatly adds to the difficulties of the surgeon. The fact has long been known, and in order to subdue this muscular irritability, the auxiliary assistance of belladonna, henbane, opium, etc., was called in with varying results. But the inadequacy of these remedial agents, too often attested by failure, induced surgeons to seek for some more efficacious method of treatment, and so far back as a century ago, syncope was proposed as a substitute for the inoperative resources supplied by the materia medica, its mode of action being viewed as more appropriate to the attainment of the desired object. Nothing indeed could appear more plausible, than to take advantage for the reduction of the incarcerated intestine, of the constituent and secondary phenomena of syncope. Thus, on the one hand, the unconsciousness of the subject, and the relaxation of the respiratory and abdominal muscular structures are obviously favourable to the return of the displaced bowel, and, on the other hand, the nausea, vomiting, and borborygms, due to the changes in the relative situation of the intestinal convolutions, are equally valuable adjuvants. Bleeding to the approach of syncope enjoyed, therefore, a considerable amount of popularity with the most eminent authors, and for upwards of a hundred years, has been universally adopted in the practice of surgery.

In this instance, venesection not being resorted to for antiphlogistic purposes, it was desired to induce lipothymy as promptly, and with as small an expenditure of blood as possible. Hence the subject was placed in a standing attitude, and a wide opening was made in the vein. As soon as signs of faintness were observable, the patient was laid on his back, the thighs parted, and bent towards the body, and taxis was proceeded with, small attention being bestowed on the fainting condition. It would be impossible to enumerate the many instances of unhoped for success yielded by this practice; and yet it has been discontinued, and is barely honoured with a passing mention in modern treatises on operative surgery; baths protracted long enough to produce great muscular relaxation are represented as a more efficacious method, an assertion we cannot concur in, and also, but here with greater reason, the anæsthesia resulting from the inhalation of chloroform.

I would not be understood to imply that a perfectly novel and different principle has been introduced into practical surgery together with chloroform, as a substitute for that which guided our predecessors in the induction of syncope; but the question raised in 1847 by Mayor of Lousanne, the first surgeon who resorted to the inhalation of ether for the purpose of facilitating taxis, has been resumed and studied *de novo*. Amongst the numerous publications on this interesting subject, we shall confine our attention to Dr. Bertholle's thesis (*a*). In 1852, however, six years previously to the appearance of this paper, Mr. Huguier, of the hospitals of Paris, demonstrated at a meeting of the Society of Surgery, that the action of syncope and of chloroform on the muscular structures of the body is identical. Now Mr. Bertholle conceives that the muscles act on the viscera in virtue first, of their elasticity and tonic contraction (the latter persisting after inhalation); and secondly *by their special contractility which depends both on volition and on reflex action;* now the *voluntary* effort is suppressed by the action of choloroform on the brain, and the *involuntary* effort is neutralised by the effects of the anæsthetic on the spinal cord, and the consequent interruption of nervous power. Hence the conditions favourable to reduction established by the inhalation of chloroform, are satisfactorily explained by an inquiry into the mode of operation of that drug on the system.

And yet in its applications to the reduction of hernia, chloroform is by no means invariably successful. This we can readily understand, and we have no right to expect from that agent equal efficacy under all circumstances. Indeed, in some cases it not only is powerless, but absolutely injurious and dangerous.

When the first attempts at reduction have been unsuccessful, and it is deemed advisable to repeat them under the narcotising influence of chloroform, the kind of hernia to be reduced is a consideration of some importance in the estimation of the degree of reliance which may be reposed in the anæsthetic.

When the oblique muscles contract, Boyer, and Messrs. Velpeau and Malgaigne agree that the inguinal ring is more or less narrowed: hence arises one of the greatest difficulties to be conquered in the reduction of inguinal hernia. The relaxation of the oblique muscles removes this obstacle and increases the chances of success of taxis, and we are therefore fully justified in assuming that chloroform has a very considerable share in the unexpected reduction of inguinal incarcerations which may previously have baffled the best directed efforts of the surgeon.

The more unyielding nature of the parts which surround the neck of the sac in femoral hernia, accounts for the frequent failure of taxis even when the procedure is conducted with the utmost skill, and for the fewer chances of reduction afforded by the exhibition of chloroform.

With regard to umbilical hernia, cases of the most obstinate and irreducible nature are on record, in which reduction was effected with comparative ease in a few minutes, under the influence of chloroform. An extremely interesting instance in point, observed by Mr. Guyton, in Professor Gerdy's wards, is related by Mr. Bertholle. This result is especially deserving of notice, as the consequences of an operation being here almost invariably fatal, any method calculated to promote the success of taxis must be viewed with favour.

We cannot entirely agree with Mr. Guyton (*a*), that a positive and accurate diagnosis of the contents of the hernial sac, is the only means of establishing the indications and counter-indications of the use of chloroform; as Mr. Bertholle ingeniously remarks, this diagnosis merely affects the expediency of taxis, and supplies no information as to the propriety of inducing anæsthesia as an adjuvant of the procedure. It is needless to dwell on this point, but another question claims more serious attention. Is it possible, in presence of a strangulated intestine, to determine the number of hours or days, beyond which it would be improper to resort to inhalation? It is obvious that the chances of averting the consequences of inflammation will be greater according to the early stage at which the intervention of a useful auxiliary to reduction shall have been called in. We must not, however, forget that after three or four days spent in fruitless attempts, when an operation had been decided on, and chloroform exhibited in order to spare to the patient the sufferings attendant on the use of the knife, the extruded bowel has sometimes suddenly returned into the abdominal cavity, under the unaided influence of artificial anæsthesia.

The cases in which chloroform is absolutely inapplicable, are those in which considerable debility, embarrassed circulation and smallness of pulse show a tendency to the sudden and deep syncope which has been in several instances the only indication of approaching danger after inhalation of the anæsthetic. This form of syncope widely differs from the faintness induced by venesection; it results from the introduction of a poison into the system, and is ushered in by the arrest of respiration, and failure of the action of the heart. Now great exhaustion, from pain or other causes, is a notorious predisposition to these formidable contingencies, and the sur-

(*a*) *On the Mode of Action of the Muscles in Strangulated Hernia, and on the Efficacy of Chloroform and Syncope as Adjuvants of Taxis*, 1858.

(*a*) *Archives de Médicine.* Vol. VIII., 1848.

geon will do well to stop the inhalation before the stage of perfect insensibility, or to refrain altogether from the exhibition of chloroform, if the chances are in favour of the occurrence of syncope. It would, in such cases, be safer, if kelotomy is impracticable, to induce simple faintness by the abstraction of an ounce or two of blood, than to incur the risk of determining under the influence of the anæsthetic, a syncope of a peculiarly dangerous character.

In conclusion, my object in the present communication is to bring forward in a prominent manner the efficacy of two auxiliaries of reduction, the common effect of which is to relax the abdominal muscles. With regard to its degree of energy, venesection is doubtless the most powerful of the two, because the interruption of respiration precludes all the movements of the muscles of the abdomen which contribute to the accomplishment of the respiratory function. The temporary diminution of their tone, deprives them, moreover, of any power of reaction against the attempt at reduction; but scarcely has this condition been attained when it tends to disappear. The fainting fit cannot safely be permitted to last beyond a few moments, and if the first efforts of taxis are unsuccessful, the subsequent attempts will be instituted under more and more unfavourable circumstances, and it will be impossible to reproduce at will, and repeatedly the insensibility.

Although the intensity of the effects induced by chloroform is less considerable, the anæsthetic preserves for a longer time its power. The patient may be kept without danger under its influence for a quarter of an hour, a time sufficient for the methodical performance of taxis. If the procedure is not at once successful, or if partial results only have been effected, recourse may be had after the interval of a few hours, to the same agent, and should this second attempt prove unavailing, the surgeon, aware of the inutility of further endeavours to reduce the hernia, will determine on performing an operation for dividing the stricture without further delay.

Collineau, M.D., *Paris.*

Art. 6355. Introduction of a Pea into the Air-passages; Tracheotomy.—The recent Academical debate on the subject of the most convenient instruments for the performance of tracheotomy reminds me of a case, the particulars of which may possibly interest your readers.

My assistance was recently required for a little girl aged four years, who for three days had suffered from spasmodic attacks of oppression, induced by the presence of a large pea in the air-passages, and I performed tracheotomy according to the rules laid down by Professor Trousseau for the operation. I also used Mr. Chassaignac's cricoid tenaculum, which I found extremely useful for the purpose of steadying the trachea, and as a conductor to the knife after the puncture of the duct. But I am especially desirous of inviting attention to the plan I resorted to, in order to divide the trachea without injuring the thyroid isthmus. In the case in question the isthmus was unusually large, and I acknowledge that I shrank from cutting through this vascular organ, although the procedure is advised in most works on the subject. The idea occurred to me of detaching it with the extremity of a director and turning it down so as to expose the first rings of the trachea. I then ran the knife along the groove of the tenaculum, and divided four rings of the air-tube. Two or three small blood-vessels were secured with Vidal's *serre-fines*, and scarcely a drop of blood escaped; the lips of the division were parted with an incurvated forceps, and the pea was promptly rejected with yellowish mucus. A perfect cure followed in the course of a fortnight.

The operation was performed in February 1859; before publishing the case, I was anxious to ascertain whether the detachment of the thyroid might not possibly have induced some evil consequences; none have been observed; the child is remarkably strong and healthy, and no trace remains of the operation beyond a barely perceptible scar.

— Legros, M.D.,
Aubusson (Creuse).

SCIENTIFIC MISCELLANEA

Art. 6356. Hiccup attended with serious Disturbance of the Circulation; Alcoholic hiccup, Valerianate of Zinc, and Sulphate of Quinine.—Hiccup is a distressing spasmodic affection, generally coincident with a morbid condition of the stomach, but is occasionally a prominent symptom, or even the only disease to be contended with. The *Gazette Hebdomadaire* and the *Gazette Médicale de l'Algérie* supply us with two instances in point.

Dr. Danet, of Paris, was recently summoned for a gentleman who after experiencing considerable annoyance, was suddenly affected with severe headache and vomiting; the pulse was small and weak. In the course of the evening the vomiting was replaced by hiccup, which was promptly attended with subsultus, oppression, spasms, faintness and moans, which were soon converted into screams of pain. Professor Bouillaud who visited the patient, inclined to the belief that the case was one of serious disease of the abdominal blood-vessels. Mr. Danet at first resorted, but without any benefit whatever, to belladonna, stramonium, ether, chloroform, valerian, assafœtida, baths, electricity, and counter-irritation with caustic potash, blisters, and even the actual cautery.

The symptoms had lasted twelve days, when Mr. Danet prescribed the following preparation:

℞. Zinci valerianatis, gr. xii,
Extr. belladonnæ, gr. ii,
Extr. cinchonæ moll, q.s.
M. For twelve pills.

The appearance of the case was most unpromising when one of these pills was exhibited at 8 o'clock a.m.; it was followed by one hour's rest. A second pill was taken at 11 a.m., and at three o'clock no return of the hiccup had occurred. A third pill was then given, and at six o'clock p.m. a cup of beef-tea was administered. Sleep followed; another cup full of soup was allowed at ten o'clock at night The patient fell asleep and no relapse has since taken place.

Dr. Widal, a military surgeon, relates in the *Gazette Médicale de l'Algérie*, a case of obstinate hiccup attended with alarming symptoms, which unexpectedly yielded to the exhibition of a remedy, sulphate of quinine, administered in a purely empirical manner.

A shoemaker of Dellys, addicted to intemperance, and particularly given to the use of *absinthe*, was seized after a drinking-bout, with violent hiccup; the continuance and severity of the spasmodic action of the diaphragm, compelled him to take to his bed. Anti-spasmodics and counter-irritants, trisnitrate of bismuth, &c., were resorted to without benefit, and the patient was at last conveyed to the hospital.

B.'s hiccup was so noisy and intense as to be heard from the yard of the hospital. It returned as often as fifty-five times in a minute, and gave rise to sympathetic contraction of every muscle of the trunk. Dyspnœa was present, and the inspirations were short and interrupted by the convulsion. The face was turgid, the utterance impeded, and the intelligence preserved, although much agitation existed. The tongue was foul, appetite entirely absent, the abdomen soft, and the bowels open. The pulse was weak, at 80, and the skin moist. An infusion of orange flowers was prescribed, with ether and laudanum; a blister was applied over the epigastric region; mustard poultices were placed on the legs, and beef-tea was allowed

Next morning, as these measures had induced no improvement, opium in large doses was resorted to: one-third of a grain was exhibited every two hours, and the blister was dressed with morphia. This method proved equally inefficacious. Extract of belladonna (four grains in the course of the day), valerianate of zinc, bismuth, &c., were then prescribed, but without any benefit whatever. The weakness and torpor of the patient consequent on the uninterrupted continuance of the hiccup, now increased in an alarming manner. Chloroform (one and two drachms in a mixture) also failed in giving relief. Vinegar, which Mr. Michel Lévy had recourse to with success in 1849, for the purpose of arresting hiccup in cholera, was tried, but unavailingly.

The symptoms wore an ominous aspect. The sufferer was much reduced by loss of sleep; the food was rejected by the stomach; enemas of soup were his only support, and he had fallen into an indescribable state of marasmus.

Under these disheartening circumstances, Mr. Widal administered sulphate of quinine, although the symptoms were in no wise intermittent, and entirely unconnected with paludal influences. Fifteen grains of the drug were exhibited in a single dose, and in the course of three hours the hiccup yielded. The quinine was persevered in for three days in the same doses, but on the fourth day, a small quantity of wine having been allowed, a slight relapse occurred. The quinine was again administered, and a perfect cure was henceforth effected. The use of ardent liquids was strictly prohibited, and B. has since entirely recovered his health.

Mr. Widal calls attention to this singular fact, that in the hiccup of habitual drunkards, a return to temperate habits does not exercise any immediate influence on the diaphragmatic spasm. He illustrates the remark by the case of a young man who was in the habit of drinking malt liquor immoderately, and who *for five months* had been afflicted with a hiccup, which gave him no rest. The convulsion was more violent after meals, occasioned vomiting and brought on extreme emaciation. Abstinence from beer, and large doses of opium were fruitlessly resorted to, and the only remedies which at last gave relief were infusion of gentian and Vichy water. In this instance, it is highly probable that the hiccup was not connected with gastralgia, but with a chronic inflammatory condition of the mucous lining of the stomach. This would account for the failure of the anti-spasmodic treatment, and for the success which attended the exhibition of alkalies, and more especially of bitters. It is not impossible, as Mr. Widal suggests, that the sulphate of quinine may have exercised an analogous action in the interesting case we have related.

Art. 6357. Treatment of Extensive Superficial Burns.—The severe pain attendant on extensive burns is a source of great danger from its tendency to lower the vital powers, hence the exhibition of internal and external sedatives—opium, and the application of anodyne ointments, carron oil, cotton-wool, ice, &c. Post mortem examination shows, however, that in such cases the enormous loss of serum, resulting from extensive vesication, is one of the chief causes of death, the blood being deprived of a large proportion of its water, and circulating less freely in consequence.

Dr. Baradue, a member of the Anatomical Society, and a former pupil of the late Professor P. Bérard, establishes the fact in a satisfactory manner in a recent pamphlet on *the Causes of Death after Superficial Burns, and the Measures best calculated to avert a fatal Termination.* (*a*) During his residence at Hospital St. Antoine, and subsequently, the author had several opportunities of observing instances of superficial burns caused by the direct action of fire, or by the contact of boiling liquids, in which death supervened in the course of the first two days after the infliction of the injury. Mr. Baradue was struck with the rapidity of the collapse, and the utter inefficacy of the measures of treatment resorted to, and being unable to account for the facts by the mere intensity of the pain endured, sought for the causes elsewhere, and, from careful anatomical research, came to the following conclusions:

All the viscera, generally, presented a parched and dried up appearance. The serous cavities and the bladder contained no liquid whatever. The venous system, with the exception of the pulmonary veins, was almost invariably empty, and in the arteries the blood had acquired a gelatinous consistency. Professor Bérard, who watched these researches with much interest, coincided with Mr. Baradue in referring the perils of these burns to the waste of serum, and readily assented to the practical deductions suggested by this view.

In two cases of excessive vesication from superficial burns, the results proved favourable; and further experience having confirmed the accuracy of the theory, Mr. Baradue deems it a duty to communicate his views to the public.

The author conceives that the treatment should correspond to three indications:

1. To increase the amount of the circulating fluid, exhausted by the exudation of serum.
2. To liquify chemically the inspissated blood.
3. To check the exosmosis which constitutes vesication.

The first measure to be adopted in cases of extensive superficial burns, is to immerse the patient in a bath of pure water, or of water medicated by the addition of a strong decoction of elder flowers. The heat of the bath should not exceed 86 deg., and it should be protracted for ten, twelve, or fourteen hours, at the same temperature. The greatest possible amount of some diluent or slightly diuretic beverage should, at the same time, be exhibited, and also anodyne enemas, injections into the bladder, and inhalation of emollient vapours.

For the purpose of promoting chemically the liquefaction of the blood, Mr. Baradue prescribes alkaline medicines, the efficacy of which is proportionate to the existing amount of plethora. These drugs are administered subsequently to, or alternately with, the emollient remedies. Unless nervous symptoms are predominant, after the first anodyne bath, another may be prescribed containing from four to eight ounces of carbonate of soda; Vichy water should be used as a beverage, and a solution of bicarbonate of soda be injected into the rectum and bladder.

The third indication to be met consists in checking the tendency to vesication; with this view, the vesicles should be opened after the bath, and the parts covered with ceratum plumbi acetatis, soft linen, and a thick layer of cotton wool, supported, especially in the limbs, by gentle pressure with an appropriate bandage. Affusions of cold water at a temperature of 50-55 deg. should then be carefully kept up over the dressing, in order to promote by refrigeration the concentration of blood in the viscera, and diminish its afflux towards the integument.

The duration of the bath should be decreased one or two hours each day, and the dressing be removed under water some time after immersion. It should be reapplied in the bath after an interval of a few hours.

Under these circumstances, the cold affusions may be discontinued on the second or third day. In the course of five or six days the roller may be left off, and simple cerate, or cerate mixed with laudanum or lime water, may be substituted for the ceratum plumbi acetatis. The use of the cotton wool should, however, be persevered in, and the parts dressed every day. On the third day after the accident Mr. Baradue allows beef tea, and more nutritious food is gradually exhibited according to the improvement observed in the patient.

Art. 6358. The Abuse of Field Sports a determining Cause of Cerebral Congestion.—Mr. Legrand du Saulle, after showing that intense cold is a not unfrequent cause of congestion of the brain, asserts that exaggerated addiction to field sports may lead to the same consequences.

"Physicians," says the author in the *Gazette des Hôpitaux*, "have extolled field sports as an efficient remedy for premature obesity, apoplectic tendencies, hypochondriasis, epilepsy, and a disposition to melancholy. The patient, however, to whom this kind of exercise has been recommended, does not always prosecute the amusement within the limits of healthy diversion, but goes beyond the prescription, incurs unnecessary fatigue and exhaustion, and becomes each day more ardently addicted to pleasures, which may end in the serious derangement of his health."

Moderate exercise is indispensable to the proper performance of every function of the system, but excessive exertion is injurious in the highest degree.

"Immoderate exercise distinctly accelerates the circulation, increases the development of animal heat, and occasions enormous waste of nervous power. In many instances shooting may be taken as a type of exaggerated pedestrianism, extreme fatigue and exhaustion; examine the tired sportsman on his return home; he is lame, gasping, and his head is bent forwards; the countenance is turgid, the attitude heavy, the eye bright, the pulse frequent; common sensation is to a certain extent benumbed, and the urinary secretion is ammoniacal. He speaks little, he is depressed, absent, irritable, inattentive to home impressions, and the expression of his face

(*a*) A pamphlet, 8vo, pp. 47, J. B. Baillière and Son, Paris.

is that of hebetude. He approaches a warm fire, and promptly falls asleep. His subsequent comatose condition is the natural consequence of over-exertion, of the excitement experienced during his day's sport, or of the spirituous liquids he has imbibed to keep up his strength, of his exhaustion, and the diminution of cerebral activity, and of the sudden transition from a cold to a heated atmosphere. Between this state and imminent congestion, the distance is smaller than might be supposed."

According to Mr. Legrand du Saulle, it is a mistake to imagine that the waste induced by immoderate exercise is promptly compensated. After excessive physical exertion, the stomach and intestines participate in the loss of tone, and exhaustion of the nervous system generally, and formidable indigestion is occasionally the result. Sportsmen are so well aware of the fact, that they often retire supperless to bed.

Observation shows that these remarks are correct, and that cerebral congestion follows the abuse of field sports. This fact is not a mere coincidence; immoderate exercise, prolonged exposure to cold, the emotions caused by and the perils inherent in the pastime, the use of alcoholic stimulants, all contribute to cause a determination of blood to the head, especially in persons advanced in years.

During the last two years Mr. Legrand du Saulle has met with four cases, which illustrate these observations in the most distinct manner, and other practitioners whom he has spoken to on the subject also inform him that they are acquainted with facts of a similar description.

The Medical Circular.

ON THE PROXIMATE CAUSE OF CONSUMPTION AND ITS SPECIFIC TREATMENT BY THE HYPOPHOSPHITES.

By J. FRANCIS CHURCHILL, M.D. (Paris).

(Continued from page 18.)

No. XIII.

REPORTS OF CASES TREATED SUCCESSFULLY IN THE THIRD STAGE (THAT OF EXCAVATION). (a)

I call the first kind of complications *consecutive*, the second *accidental*. I have little to say with regard to the latter. Their true pathological relation to phthisis still requires to be accurately established. As to the first class, when called upon to judge of their importance, we have to take into account three different circumstances—their nature, their intensity, and the period of the complaint at which they appear.

1. *Prognosis of the Complications in relation to their Nature.*—*Œdema of the feet*, when not dependent on an accompanying affection of the heart, is always a very serious symptom in relation to phthisis, since it indicates the existence of a considerable mechanical obstacle to the circulation, due either to the extent of the lesion in the lungs, or to fatty degeneration of the liver, and is usually indicative of a speedily fatal termination. In four instances, I have seen the patients recover after well-marked œdema. One of them had a cavity in each lung.

Aphthæ are a still more fatal symptom than œdema, though even here I have seen two instances to the contrary.

The same remark applies to *phlebitis*. In phthisical patients this most frequently occurs in the vessels of the lower limbs, though sometimes also in those of the upper.

In our prognosis of *hæmoptysis*, we should draw a distinction between the result of a given attack and that which depends on the hæmorrhagic tendency of a patient. The first varies with a number of circumstances which it would be too long to investigate here. The second case—viz., the existence of a hæmorrhagic predisposition will render the prognosis less favourable than it might otherwise be, for two reasons—first, because the patient may be suddenly cut off by hæmorrhage; and, next, because there will be need of greater caution in the use of the the hypophosphites.

2. *In relation to the degree of intensity of the complication.*—Vomiting may depend upon two causes. At the beginning of the disease, it is usually produced by the intensity of the cough, and in such instances its existence does not modify the prognosis, since when this is favourable in other respects, the vomiting almost always disappears on the patient's improving, and no necessity exists for any special treatment. When, however, the vomiting depends on the state of the digestive canal or its appendages, the prognosis is less favourable, as it must be based, not upon the simple existence of the symptom, but upon the whole morbid series of which it is only one sign.

Diarrhœa, appearing at the beginning or in the course of the disease, and not depending on ulceration of the intestines, nearly always yields, either to the action of the specific alone, as is mostly the case in children, or to appropriate adjuvant remedies. It, therefore, calls for no modification of the prognosis. Yet, as this is a point which is often very difficult to decide, the prognosis in such instances depends chiefly on the intensity, and the persistence of the complication, whatever be its cause, since this always produces a disturbance of nutrition. When diarrhœa is present, the prognosis ought, therefore, to be given with some reserve, until we are sure of being able to combat it successfully. *Colliquative diarrhœa* is only one of the numerous symptoms of the organic lesions involving nearly every part of the body, and is necessarily fatal. I have, however, more than once been called in consultation to a case of phthisis with colliquative diarrhœa and all the concomitant symptoms, and have been told by the attending physician, that he thought it *an excellent opportunity for trying the use of the hypophosphites.*

Fatty enlargement of the liver, when it has reached a certain extent, is also an unfavourable symptom, though I think it has not the importance which some pathologists have assigned to it.

The prognosis of phthisis complicated with *laryngitis* depends on the degree and seat of the complication, as well as the time at which it appears. It was observed in 10 patients out of the 79. There were 4 confirmative results, of which 2 were cured, and 6 negative results, including three deaths.

These numbers are insufficient to allow of any conclusions. The results have been more favourable in my private practice.

3. *In relation to the time at which the complications appear.*

Amenorrhœa, which shows itself at the beginning of phthisis not submitted to the specific treatment, is not usually of much importance, as it may then depend on the general condition and on imperfect hæmatosis. When it appears in the course of the specific treatment, it may depend upon different causes, such as the breaking down of the pre-existing tubercular deposit, or inter-current inflammation. In such cases, it is always a bad sign, though not necessarily fatal.

The whole question of the prognosis and special treatment of the complications, both consecutive and accidental, of phthisis when under the specific treatment, is a matter of very great importance, which will open up a wide and fruitful field for pathological and clinical research, when once practitioners have come to recognise the value of the hypophosphites, and the certainty of their action against the constitutional condition which is the proximate cause of the local disease. The correct determination of the import of each particular aggravation, and the value of different special adjuvant modes of treatment directed against it will require the collection of a large number of carefully selected cases. This, in the present state of medicine and medical ethics, is hardly to be expected for some years to come. The number of results I as yet possess upon these different points is not sufficient to allow of my drawing any positive conclusion, although with regard to one or two of them, such as diarrhœa and hæmoptysis I think I am working in the right direction, and at some future period be able to publish something definite on the subject. Unfortunately, too many practitioners seem to think that the possession of a specific once admitted, all the rest is plain and easy, and that if a given remedy *really be* a specific, the mere administration of it, no matter when or how, *must* bring about a cure, else it has no claim to be called a specific. In a future paper, when treating of the mode of action of the hyphosphites and the rules of treatment, I shall, I think, be able to demonstrate the untenable and unscientific character of such assumptions, and how they run counter to the best and only positive facts in therapeutics.

Meanwhile, from what precedes, I think I am justified in drawing the following conclusions:

In the present state of medical science, phthisis when not treated by the hypophosphites, at whatever period of its development it may be observed, and whatever stage it may have reached, must be regarded as almost always fatal. All the means hitherto used have no certain action, except against the accidental complications of the disease; its essential conditions remain completely beyond their control, for under the most able and most experienced hands, the number of recoveries is *less than one per cent.*

In the very rare cases where phthisis ends in recovery, it has been hitherto impossible to determine what were the conditions to which this result was due. The prognosis of the almost certain fatality of phthisis rests solely on the *nature of the disease itself*, so that it is impossible to determine beforehand, with the least probability, whether any given case will be an exception to the general rule.

On the other hand, when phthisis is submitted to the specific treat-

(a) Translated from the second edition of my work, 'De la Cause Immédiate de la Phthisie Pulmonaire.' In the Press.

ment of the hypophosphites, the prognosis may, in the great majority of cases, be established, with a degree of certainty equal, if not superior, to that of any other curable disease.

It rests upon two principles: the extent of existing pulmonary lesion, and the presence or absence of complications. These may be summed up as follows:—

I. When there are no complications, the prognosis may be thus stated:

1. Phthisis in the first stage always ends in recovery.

2. It also ends in recovery in the second stage, provided one lung only is affected.

Hence it follows that the use of the hypophosphites is followed by recovery in every case where the local lesion has not proceeded beyond certain limits, and that, consequently, every patient *may be cured, provided the specific treatment be used in time.*

3. Phthisis in the third stage when limited to one lung, may also be followed by a cure.

4. When tuberculosis in the second stage exists in both lungs, recovery depends upon two conditions; first, the cessation of the diathesis, which is brought about by the proper use of the hypophosphites; and, secondly, upon the possibility of arresting, softening, or compelling it to proceed but slowly, which may frequently be obtained by appropriate secondary means.

The following are favourable conditions, when the deposit is only partial in both lungs; or when if diffused in the whole of both lungs, the tubercles are disseminated and far apart.

5. When the disease has reached the third stage, and tuberculosis has attacked both lungs, recovery is still possible.

6. When there are cavities in both lungs recovery takes place in a few exceptional cases.

I have seen three examples of this. One was a lady who had treated *herself* by the help of the hypophosphites, and who after her recovery came to consult me, because still suffering from dyspnœa, without any other symptom. She was very stout. The two other cases which were under my treatment are both in perfect health. One is an officer in the Imperial Guard, and has been doing duty for two years past.

7. The prognosis of acute phthisis rests on the same principles as that of chronic, but it offers more uncertainty on account of the difficulty of ascertaining exactly the extent of the already existing lesion, and also of distinguishing between acute tuberculosis and acute softening.

8. In children the prognosis is much more favourable than in adults.

9. It is *more* favourable when there is hereditary predisposition, than when that predisposition does not exist.

II. The prognosis of the consecutive complications of phthisis:

1. Is variable with regard to hæmoptysis, laryngitis, vomiting, diarrhœa, amenorrhœa.

2. It is generally fatal for œdema. It is nearly always fatal for aphthæ, and always so for phlebitis.

3. Recovery with a cavity leaves the patient predisposed, for a certain period of time, to accidental inflammatory attacks, the gravity of which is in proportion to the extent of the respiratory tissues which have been injured.

This liability to inflammation is the more strongly marked the more recent the arrest of the disease, and gradually grows with time. The determining cause of inflammation in such instances I have frequently found to be *excessive fatigue* of the pulmonary apparatus produced by over work, or accidental disturbance of the circulation. These conditions seem to be more potent than any other, such as climates, atmospheric variations, hygienic circumstances, &c.

(To be continued.)

ON COOLING OF THE BODY AFTER DEATH.

By Benjamin W. Richardson, M.A., M.D.

Senior Physician to the Royal Infirmary for Diseases of the Chest.

After a careful investigation and argument on this subject, Dr. Richardson comes to the following conclusions:

To sum up: the knowledge we possess as to the cooling of the body after death may be included all in the following heads:

1. If the body is left dead with its vessels full of blood, the temperature of the blood being unaffected by the mode of death, the cooling is slow, but in the great majority of cases is completed in fifteen hours.

2. If the body is left dead from direct and absolute loss of blood, cooling to the temperature of the surrounding medium is completed, in regard to the external surface, in two hours.

3. If the body is left dead from sudden and profuse exudation, as in cholera, the cooling to the temperature of the surrounding medium is completed in two hours.

4. If the body is left dead from obstruction to the circulation, as from fibrinous concretion, the body, in so far as the external surface is concerned, will be chilled to the temperature of its surrounding medium in two hours.

5. In these last three named forms of death, if the death be slow, the heat of surface may sink to that of the surrounding medium, even before life has ceased.

6. The body, when dead, will sink steadily in temperature to the medium of its surrounding envelope: in the air to the air, in a stone tomb to the tomb; but it will not afterwards rise in temperature by the application of any external warmth, short of such as would destroy its texture.

7. After all forms of death, the age and corporeal condition of the person must be taken into account; youth and old age, great thinness of structure, deficiency of food, and states in which blood is diverted from its systemic course, quicken the decline of the animal heat.

8. In taking observations for medico-legal purposes, in any suspected case, the mere test of the hand is altogether unreliable; for as the terms heat and cold are relative only, and as between the hands of different observers the greatest natural difference may prevail,—that which to one hand would signify warmth, to another would signify cold. If any observation in respect to temperature be made, therefore, it should be carried out with the thermometer, the points at which the temperature is taken being the flexures of joints, the mouth, or the nostril.

In conclusion I have to offer but one other observation. In all cases the temperature of the air should be taken with care, and a comparison should be instituted between the body and the air. By such a comparison, in any case where the body had been left lying on a non-conducting substance, such as a bed, and where there was no evidence that the surrounding air had been raised in temperature by artificial means, certain facts might possibly be made out in some instances, by a strict analysis, conducted in the following manner. Compare the temperature of the body with that of the air; if the temperature in several parts is above the temperature of the air, the inference is strong that the body has not been dead two hours. If its temperature be the same as the air, the inference is fair that the body has cooled to that temperature within the period that the air has registered the said temperature. If the body is below the temperature of the air, the inference would be that it had cooled at a time when the air was at a lower temperature than existed at the period of observation: and if then, on referring to the minimum self-registering thermometer, the observer could say at such an hour before the observation on this body, the thermometer registered in the air a minimum degree, of say 40 deg., and this body registers 40 deg., the proof would be conclusive that the said body had been surrounded by a medium of 40 deg. after its death. The inference would thereupon fairly follow that the said body was dead at the hour when the thermometer had reached its minimum.

It may be that in time some more accurate facts will be made known, and some ingenious instrument be devised for measuring the process of cooling after dissolution. If I had time, I could, I think, produce an instrument for carrying on careful researches of the nature suggested; but the question involved is really of little moment if the medical community will only be cautious in giving opinions upon it once or twice in a century. I have shown a few facts, and many sources of doubt in the above history, and I cannot end better than by remarking, that although I have perhaps looked into the matter as carefully as any other physician or physiologist of my day, I would sooner cut off my own right hand than send any human being to the scaffold on a dogmatic statement based upon the hypothesis that the period of death can be determined by the temperature of the dead.—'The Medical Critic and Psychological Journal.'

Registration of Births and Deaths (Ireland).—There was a conference held in the Painters' Hall, Dublin, on this subject, on the 1st instant, between the representatives of the various operative trade societies and a deputation from the Dublin Registration Committee, with a view to bring about legislative measures. The former pledged themselves to support the latter until the demand should be granted, and a resolution was moved, to the effect that the co-operation of all classes should be invited. The Irish Medical Association also held a meeting on the same subject, on Tuesday evening. Public safety and the interests of science demand some reform in the present system of registration of births and deaths in Ireland. However defective, in some respects, may be the Registration Act in England, there can be no doubt it has been productive of great benefit. Dr. Farr's reports are valuable additions to our national records, and have exercised a beneficial influence on our knowledge regarding zymotic and other diseases. —At the meeting of the Irish Medical Association, on the 29th ult., it was unanimously resolved, that only highly qualified practitioners were fit to preside over the collection and arrangement of these vital statistics, and that only in such hands could there be a safe and trustworthy registration. The chairman, the president of the College of Surgeons, Dr. Mackesy, Dr. Ryan, Dr. Elliott, and many others supported the resolution.

THE MEDICAL CIRCULAR.

WEDNESDAY, JANUARY 21, 1863.

PRISON DISCIPLINE.

The wisest and best men among us have for many years past been exercising their ingenuity to frame the most perfect of possible systems of prison discipline. Divine justice and human charity have been invoked in turn; and clever attempts have been made to intermingle the two principles, so that the felon should enjoy enough of lenity to prevent his being too severely galled by legal penalties.

It has been the fashion to say that all punishment should be reformatory; that society must not look to the felon's past, but to his future, and endeavour to make him a better and a wiser man. Corporeal punishment could not effect this end, therefore dispense with it: hard labour might disgust the rogue and make him sullen, therefore mitigate it; privation, which tames tigers, cannot teach morality, therefore resort not to its terrors.

Under the predominance of these humanitarian ideas, the felon's life in gaol has become an enviable lot. He goes to bed early and gets up late, takes just as much exercise in the day as prevents weariness and invigorates his muscles, feeds well, and is supplied with a library of instructive and amusing books to vary the monotony of confinement, and maintain the freshness and vivacity of his mind. Fortunate scoundrel! He has managed to excite a tender interest in the soft places of the great English heart, and see how generously he is treated!

Would that the industrious and honest pauper were as well provided for? The contrast is somewhat lamentable. Ten years ago our convicts in Portland gaol cost the country about 23*l.* each felon; last year, in the same gaol, the cost had risen to 37*l.* In the prison at Chatham, the cost is 40*l.*! This rapidly-increasing cost is owing partly to the maintenance of a more numerous staff, but mainly to a more liberal dietary, and to a multiplicity of minor adjuncts to make the convicts "comfortable." Lord Carnarvon has shown the public how this end is attained. The convict is placed in a cell, warmed by hot air, which he has the power of refrigerating to suit his fancy; he has a footstool to prevent any possible draught reaching his feet from the cell door; he has an extra allowance of pudding, and an additional waistcoat and blanket; he is provided, moreover, with a chaplain and schoolmaster to attend to his spiritual and intellectual wants; and he has at his elbow, with which to delight himself at his siesta after his pudding, treatises on astronomy and astro-theology, books of fiction and of travels, with popular poems and prize essays! Luxurious vagabond! No wonder he costs the country 40*l.* a-year.

There was a poet once who would have thought himself passing rich upon such a sum. There are tens of thousands of honest poor men now in this country who are obliged to pine away for weeks together at the rate of 2*l.* 12s. a-year; and if they happen to be burdened with families, at a less rate even than that.

Here are two great blots in our social system which it requires no quickness of sight to hit. The contrast is so obvious and so extreme that even men purblind from prejudice and false theories must see and lament them.

The condition of the felon must be reviewed. The principle of retributive punishment for crime must be reasserted. This is the foundation of all religion and morals, and it is mere humanitarian romancing to exclude it from view, and to insist upon an exclusive, or an almost exclusive, reformatory system. Pure reformation has ended in garotting, and garotting will, we hope, end in punishment.

Our profession have been charged with being the chief promoters of the indulgencies that have been granted to our felons, and, doubtless the danger is to some extent true. The surgeons of gaols have been wont to regard the inmates as patients rather than criminals, and have naturally desired to see sound hygienic and dietetic principles carried out, so that those subjected to their care should be kept at the highest standard of health. Simply as physicians we cannot altogether blame them; but criminals are not sent to prison to be placed under the humane surveillance of medical practitioners, and to be treated as if they were simply bodily sick. They are sent there, or ought to be sent there to be punished for crime; and one of the most effectual and least cruel modes of dealing out punishment is to chastise the body and make it sensible of uneasiness and pain. We address these few words to our professional brethren who have duties to discharge in connexion with felons in the hope that they will take a more comprehensive view of their responsible functions.

SUMMARY OF THE WEEK.

DESTRUCTION OF THE HOTEL DIEU.

This ancient hospital is about to be pulled down, and not too soon. The mortality in this venerable building was excessive, notwithstanding the great skill and fame of its various medical and surgical professors. Were the reputation of Medical Practitioners dependent upon the results of their practice, as attested by the Mortality Returns, many a chirurgical glory would suffer extinction. Happily, this is not so. We know that successful practice—within certain limits—is more dependent upon hygienic conditions than upon any amount of operative dexterity, or, we may add, scientific treatment. The Hotel Dieu was a mean and ill-constructed edifice, situated in a most unwholesome quarter, and was, accordingly, conspicuous for its high mortality.

The great question which the Emperor's functionaries will have to consider is, Where shall the Hotel Dieu be re-built? The probability seems strong that it will be transferred to the suburbs. The Emperor's mind, eminently enlightened upon sanitary questions, is obviously revolving this subject of out-of-town hospitals. Many special hospitals are already under orders to march. Our other plan of cottage hospitals is also under trial; and we should not be at all surprised to be informed that it had been decided to re-found the Hotel Dieu in a suburban site. *Nous verrons.*

Whilst on the subject, we may notice that 'L'Union Médicale' ridicules the opposition of the medical officers of St. Thomas's Hospital to the transplantation of that institution, on the ground that their "school" will suffer. "Thus," it says, "two rival interests are called into action, and the public interest is forgotten—viz., that of the patients and humanity." Such is the independent opinion of a French journal upon this question. It little knows how strong are the private interests it denounces, and to what extent the Metropolitan "Press" to which it appeals is literally sold to those interests.

ST. THOMAS'S HOSPITAL.

It is fortunate for the St. Thomas's Hospital question that the French Government are about to remove the Hotel Dieu. Perhaps the Profession in France will set the Profession in

this country an example. The great sanitary questions constituting the controversy now waging had their birth in this country: shall the practical application be left to the more independent, unselfish, and logical genius of France? It is the honour of the MEDICAL CIRCULAR that it originated these questions. Is it owing to this that they are opposed by the 'Lancet' with so much pertinacity and foolishness? The leading minds in English Medicine must be in a pitiable state if they can suffer themselves to be deluded by the transparent sophistry of our contemporary.

The site of the new St. Thomas's Hospital is not yet decided. Negotiations have been going on with reference to Bethlehem Hospital; but that structure is ill adapted to the purpose, and to pull it down and re-build would cost a large sum of money. The site in the Walworth road is also objected to. In fact, the matter is still in too crude a state to enable us, or anybody else, to foreshadow any probable course.

We have published, in another column, a report from the committee on the various sites that have been under consideration, from which it will be seen that the committee particularly approve of a site on the right, or Lambeth, bank of the Thames, opposite to the Houses of Parliament. This site will be cleared for the purposes of the proposed embankment of the river. As it would be desirable to have a portion of the establishment among the populous districts of the south side of the river, this, no doubt, will be a most desirable situation. The medical officers, moreover, would hardly object to it, as they might be expected to approve any site that would bring the hospital towards the west.

THE METROPOLITAN DRAINAGE QUESTION.

We are glad to observe that the Metropolitan Board of Works have, with one dissentient only, cancelled the resolution to pollute the river with the sewage of the western district. Their deodorising schemes will be abandoned, and the whole of the sewage of the western district will be turned into the Low Level Sewer, and carried beyond the limits of the metropolis to Barking Creek. The additional cost will be about 200,000*l.*, which is an unimportant sum in relation to the entire amount of expenditure to be incurred for this grand scheme of sanitary improvement.

THE BALL IN GARIBALDI'S FOOT.

We refer to this subject as one of historical interest—*pace Partridge.* Whilst the world has been giving M. Nelaton the credit of having discovered the ball in Garibaldi's foot, the President of the Italian Chamber of Deputies attributed it to one of the Deputies, Cipriani. Dr. Palasciano takes umbrage at this, and has written a pamphlet to prove, by documentary evidence, that the honour belongs to himself. Let the credit be given where it is due. As regards Mr. Partridge, we believe that he never had a fair opportunity of making a personal examination, but was obliged to content himself with the statements of others. It is pleasant to know that since Garibaldi's return to Caprera, the pains in his foot have disappeared, and that the wound is healing kindly.

MEDICAL OFFICER OF HEALTH AT GLASGOW.

The Glasgow Town Council have just elected DR. W. Gairdner as the Medical Officer of Health. The Provost used language highly complimentary to Dr. Gairdner in moving his appointment; but we have no doubt that Dr. Gairdner will justify his eulogies. He is a man of the highest mark, and has given much attention to the etiology of disease. We believe the Glasgow folk will find both honour and advantage in the appointment.

THE ANTHROPOLOGICAL SOCIETY.

A new society under this name is in course of formation. Many eminent ethnologists have associated themselves for the purpose; and it is said that its objects will be more comprehensive than those of the Ethnological. The latter is a comparatively new society, and has hitherto worked successfully. We cannot see that the Anthropological is likely to be more serviceable than its prototype.

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY ON CHLOROFORM.

The committee of the Royal Medical and Chirurgical Society appointed to investigate the subject of anæsthesia have issued, through their reporter, Mr. Callender, a series of questions which we append:

"The committee of the Royal Medical and Chirurgical Society appointed to investigate the effects produced by the administration of chloroform, consider that the co-operation of the Profession is necessary to enable the committee to pursue their investigations in a satisfactory manner, and they are, therefore, desirous it should be generally known that their primary object is to inquire into the use of chloroform by inhalation, and its results: (*a*) in the treatment of internal diseases, such as tetanus, delirium tremens, asthma, epilepsy, and infantile convulsions; (*b*) in surgical operations; (*c*) in obstetric practice. The points on which the committee at present especially desire and ask for information are the following:—(1) Reports of any unpublished cases of death during the administration of chloroform or of any other anæsthetic. (2) More complete reports of fatal cases already published. (3) Notes of any accidents with chloroform in which death has been threatened, but averted. (4) Facts as to the effects of chloroform employed by inhalation as a remedial agent in disease; the mode of its administration, the quantity used, and the results both immediate and subsequent. (5) Notes as to the comparative results of operations before and since the introduction of anæsthetics. Gentlemen who may be disposed to oblige the committee by furnishing information on these subjects, are requested to address their communications to Mr. Callender, Reporter to the committee, Royal Med. Chir. Society, 53 Berners street, W."

REVIEW OF THE PERIODICALS.

The 'GLASGOW MEDICAL JOURNAL' for October has come to hand, three months behind date, but science is always fresh. Dr. MCCALL ANDERSON contributes an article on 'Diseases of the Ear.' He treats particularly of Polypi. An 'Analysis of One Thousand Cases of Labour occurring in Private Practice, with remarks,' is the heading of an article by Dr. JAMES PATERSON, of Patrick. The forceps was resorted to in 80 cases, 40 of which were first labours. In every case but one the head had passed the brim. There were only 6 still-born cases among this number of forceps operations, and none of these occurred in first labour cases. There were no ovariotomy cases, turning was resorted to on four occasions, once on account of placental presentation, and three times from transverse presentation of the fœtus. The mothers died in 5 cases, or 1 in 200—3 from puerperal fever, 1 pelvic cellulitis, and 1 debility, ten days after severe convulsions; but the author does not state whether these were natural presentations or otherwise, or whether operation had been resorted to. The still-born children were in the proportion of 1 in 63⅓; the dead children 1 in 46; or together 1 in 26$\frac{4}{7}$.

With reference to the moot points of supporting the perineum in labour, Dr. Paterson says that for a very considerable period he has not done so, except during the last two or three expulsive pains; but this exception, we may add, concedes the question in issue, because support is necessary then or not at all. In the earlier part of his practice he employed nominal pressure. He said that he has *never* witnessed rupture of the perineum, except we apply that name to *slight* rupture of the fourchette, which occasionally occurs in first labours. This is fortunate practice. We fear that

more extensive rupture in primipara, occurs more frequently in other places. Post-partum hæmorrhage he has rarely seen, though he has no note of the actual number of cases. On these two points we may observe that two or three of the worst cases of post-partum hæmorrhage we have seen occurred *not* from the *uterus* as the attending practitioner imagined, but from the *ruptured perineum*, so easy is it to overlook this laceration, and so much a matter of course to attribute the hæmorrhage to the uterus. Some acute remarks follow on the mechanism of parturition and the use of the forceps.

Mr. CHAS. DAVID DOIO contributes an article on 'Chronic Diarrhœa.' This is a complaint among old Indians, and is generally associated with some disease of liver and spleen. The indications of cure are to support the constitution and counteract the anæmia, to limit the number of evacuations, and to correct the secretions. 'On the Dried Stem of Sea Tangle.' Dr. SLOAN, of Ayr, recommends this substance as a substitute for the ordinary tents. He gives several testimonies of its superior efficiency. Dr. ROBERT SCOTT ORR reports an interesting 'Case of Suppuration of the Pancreas and Liver;' and Dr. HUGH THOMSON contributes some remarks on 'Mechanical Appliances in Fractures of the Lower Extremity, with a description of a new one of his own Invention.' We have extracted a portion of this article.

Dr. J. G. WILSON reports 'Two Cases Illustrating the Advantages of Turning as a Substitute for Craniotomy in certain instances of Contracted Pelvis.' The difficulty was occasioned in both instances by the promontory of the sacrum jutting forward. Mr. SAMUEL SMITH narrates an instance of 'Separation of the Fœtal Head in a Case of Abortion.' The separation appears to have been spontaneous. It was removed, after some trouble, by inserting the fingers into the undeveloped uterus, and fixing the organ by external pressure. 'Surgical Cases' is the heading of an article by Dr. GEORGE BUCHANAN, in which he gives a summary of his practice in the wards of the Glasgow Infirmary during the six months ending 1st August. During that period there were thirty-six serious operations of all kinds, and only two deaths. We subjoin the author's observations on the dressings employed:—

"There is just one point connected with the treatment of wounds and amputations to which I may allude, not confined to my own practice, but employed by all the surgeons; that is, the simplicity of the dressings and applications. I would not have mentioned a treatment so commonly adopted, had it not been for an observation of a naval surgeon who has been following the practice of the hospital for the last three months. He remarked that he had been struck with the absence of all oily and greasy applications, and the almost universal use of water simply applied on a piece of lint. Every day's experience confirms me in the belief, that a strip of lint dipped in water and retained in contact with the wound by such a light bandage as will hold it in its place, is greatly preferable to the most ingenious and complicated bandages. The contrast between the surgery in different hospitals is most marked in this respect; and if those surgeons who have been searching for the cause of pyæmia, erysipelas, and other hospital scourges in the faulty architecture and ventilation of wards alone, would turn their attention to the dressings applied to amputations, they might find some reason to trace the fatal results to the method of treatment, as well as to the former source. Undoubtedly the quieter a stump is kept, and the less it is interfered with the first few days, the better will be the result. As a general rule, my own practice is—after the flaps are brought together with wire sutures, a piece of wet lint is placed along the wound, and retained with a turn or two of bandage. In the evening my assistant cuts through the bandage and lays over the stump a wet cloth; or, if there is much pain, a piece of hot wet flannel, which is kept constantly moist. On the third, fourth, or fifth day, according to the discharge, the dressings are removed, and replaced by others as lightly retained. In about a week or longer, if there is not any tendency to contraction and cicatrization, a bandage is gently applied; and when the cicatrizing process is in full operation, the bandage is used more firmly to aid in giving a proper form to the stump. This I find to be the most suitable method of managing the majority of the cases which are the subject of operation in our hospital; and I have every reason to be satisfied with the results."

'BRITISH MEDICAL JOURNAL' (Jan. 10th). 'On the Practice of Medicine,' by Dr. LATHAM, contains some practical observations mingled with speculations on the *Pulse*. Mr. ERASMUS WILSON contributes an article on 'Dyschromatoderma,' or discolouration of the skin. In these cases the author recommends such remedies as improve the assimilative functions, especially nitro-muriatic acid and gentian, or iron with aperients, as required; then remedies having a specific operation on the nervous system, particularly preparations of quinine, iron, and arsenic; then, again, local stimulation by means of juniper, tar soap, hypochloride of sulphur ointment, or pencilling with a solution of caustic potash, or carbolic acid, according to circumstances. Mr. HENRY DUNCALFE reports a 'Case of Imperforate Bowel,' and Dr. COPEMAN continues his 'Rare Cases in Midwifery.'

The 'LANCET.' Dr. JOHN HUGHES BENNETT contributes a lecture on the 'Cell Elements of the Tissues.' He describes the theories of Schleiden and Schwann, Goodsir and Huxley on the formation of cells. He then gives his own:

"It may be shortly stated as follows:—The ultimate parts of the organisation are not cells nor nuclei, but the minute molecules from which these are formed. They possess independent physical and vital properties, which enable them to unite and arrange themselves so as to produce higher forms. Among these are nuclei, cells, fibres, and membranes, all of which may be produced directly from molecules. The development and growth of organic tissues is owing to the successive formation of histogenetic and histolytic molecules. The breaking down of one substance is often the necessary step to the formation of another; so that the histolytic or disintegrative molecules of one period become the histogenetic or formative molecules of another."

The reproduction of cells, function of cells, cell movements, and the conditions necessary for cell life, with the practical applications, next come under consideration. 'Lithotomy in the Female,' is the continuation of an article by Mr. JAMES LANE. The author thinks that in children the lateral operation introduced by Dr. Andrew Buchanan is perhaps the best. An article 'On the Ergot of Rye and the Nature of its Action on the Uterus,' by Dr. GRAILY HEWITT possesses much practical interest. The author seems to think that ergot, like ipecacuanha, owes its power of inducing contraction of the uterus to its emetic or nauseating effects. The old readers of the MEDICAL CIRCULAR will remember a controversy on the subject of sickness in pregnancy, which, if reperused, will throw much light upon the question now under consideration. Dr. Graily Hewitt sums up his views in the form of questions thus:

"The facts necessary to be observed are: 1. Ergot being given in a particular case, and a marked ergotic effect being produced, is this effect co-existent, or not, with vomiting or nausea? 2. Ergot being given, and no such marked ergotic effect induced, is there an absence of vomiting and nausea? (It would be advantageous to have a number of observations under this head.) 3. Ipecacuanha or any other emetic being given, are the contractions of the uterus intensified thereby, or increased in frequency? Considerable care would be necessary in recording the answers to these questions, to give the observations a true scientific value."

Dr. THOMAS BUZZARD relates various cases of 'Death from Burning,' and Dr. OLIVER contributes an article on 'Scurvy and its Cause.' Dr. Oliver is convinced that the true cause of scurvy is the absence of protein compounds in the food of those who suffer from the disease.

The 'MEDICAL TIMES AND GAZETTE.' Dr. LAYCOCK contributes a Lecture on 'Practical Therapeutics.' Experience, he thinks, is the best guide; for example:

"Now, it is in therapeutical diagnosis, rather than the physical or pathological, that the skill of experience is most shown. It is easy to diagnose *a* pneumonia, but not always so easy to decide upon the kind of treatment which experience has shown to be best; for this, indeed, experience is needed, both of the varieties of pneumonia and of the operation of remedies in each, such as tartar-emetic, bleeding, chloroform, inhalation, wine, &c."

The author then describes the operation of various tonic remedies.

Mr. GULLIVER's Lectures on the 'Blood of Vertebrata' are continued. Mr. SPENCER WELLS reports a case of 'Vesico-Vaginal Fistula,' cured by one operation. Dr. USSHER a case of 'Diabetes,' successfully treated by the saccharine method. The man took about half an ounce of glycerine in three doses in the course of the day, associated with other remedies. 'The Use of Arsenic in Phthisis,' is a paper by Dr. LEARED. He reports several cases in which he employed it with advantage to the respiratory system, but in some instances it was not easily borne by the digestive organs.

The 'MEDICAL RECORD' (Australia). Mr. BEANEY continues his 'Contributions to Conservative Surgery,' and Dr. REEVES his interesting articles on 'Consumption in Australia.' Dr. SUTHERLAND reports a case of 'Rupture of the Abdominal Aorta,' which we intend to reproduce.

REVIEW OF BOOKS.

On Diseases of the Chest, including Diseases of the Heart and Great Vessels, &c. By Henry Wm. Fuller, M.D.

Dr. Fuller has presented the profession with an elaborate work on the important department of chest diseases. He begins with the beginning, the topography of the walls of the chest, and similar details, including the percussion and respiration sounds in health. He then treats of the several diseases of the lungs,—pleurisy and its consequences, pneumonia, bronchitis, pulmonary consumption, etc. He then discusses the diseases of the heart in a similar manner, general and detailed.

There are several subjects on which Dr. Fuller holds special opinions. With regard to œgophony, for example, he thinks that the peculiar sound is caused by the vibration of a portion of solidified lung against the costal pleura, producing a similar effect to the impulse of air on the teeth of a comb covered with paper,—a sort of music occasionally made by schoolboys. We refer our readers to the treatise itself for the arguments *pro* and *con*.

We find that Dr. Fuller is an advocate of the theory of the "change of type" of disease, a theory by which he explains the change of treatment. He seems to us wrong here, for we are old enough to remember three or four varieties of treatment from bleeding to salines, carried on by different physicians, in his own hospital at the same time. *Then* certainly there was no change of type, unless one physician had all the diseases of one type, and another physician all the diseases of another type. It is a change of opinion that has been produced by more careful observation and deeper pathology. Dr. Fuller is an eclectic practitioner, as is evidenced in his treatment of pneumonia. He thinks bloodletting advisable in some cases; but he has resorted to it only three times in four years. Tartar emetic he recommends in quarter of a grain doses, as an invaluable remedy, and calomel and opium in cases where the exudation is of a plastic character,—in short, Dr. Fuller's practice is much in accordance with that of the majority of practitioners.

The chapter devoted to consumption is interesting. In considering the hereditary character of the disease, Dr. Fuller disputes the statistics of the Brompton Hospital, to the effect that an hereditary taint is observable only in 24·4 per cent. of cases, and concludes from his own more accurate inquiry that the per-centage of cases in which an hereditary taint could be traced to parents and grandparents, or uncles and aunts amounted to 59·5. We are manifestly unable to give an analysis of all the topics treated in this volume, without writing a review almost of equal size—a duty we compromise in favour of a warm recommendation of the work to our readers.

General and Descriptive Anatomy of the Domestic Animals. By John Gamgee and James Law.

A work admirably suited for the use of students in veterinary surgery.

China from a Medical Point of View in 1860 and 1861, to which is added a chapter on Nagasaki as a sanitarium. By Charles Alexander Gordon, M.D., C.B.

This is a very readable book, not simply medical, but containing instructive and pleasing pictures of the manners and habits of the natives.

Our Author tells us that chronological evidence has persuaded some writers that the earliest historical character in Chinese records Fo, Fuh or Fuhi is no other than Noah! Perhaps! Fo introduced the Chinese character (though how much altered) B.C. 3337. After a brief disquisition, Dr. Gordon concludes Fohi to be a myth. A *résumé* of the early annals of China is then given which will interest the curious. The Author traces the origin of some of the customs of the Chinese, such as bandaging the feet of the women, and the wearing of pigtails by the men, also the various mechanical arts, as printing, paper-making, the manufacture of porcelain, gunpowder, and the use of the mariner's compass. The greatest strides made by the Chinese in the invention of various arts occurred between the commencement of the 11th and the middle of the 12th centuries, a period of 150 years, when the Chinese intellect was in a vigorous and progressive state. Since then it has been stagnant. Medicine, as an art, seems to have been organised about B.C. 2000—a very long time ago. Hoang-to has the credit of having compiled the medical code at that period; but prescriptions were not included in medical works until A.D. 1105, or eleven hundred years after. For the last seven hundred years the Chinese have religiously adhered to the old recipes. It seems to take about a thousand years for the Chinese mind to prepare for a jump. It is probably destined that Europeans shall make the next great innovation in Chinese customs. The descriptions of China are highly interesting. An hour's perusal of this work will be agreeably repaid.

ON MECHANICAL APPLIANCES IN FRACTURES OF THE LOWER EXTREMITY, WITH A DESCRIPTION OF A NEW ONE OF HIS OWN INVENTION.

By HUGH THOMSON, M.D., Glasgow.

(Read before the Medico-Chirurgical Society of Glasgow.)

Mr. President and gentlemen,—The apparatus, which I have now the honour of introducing to your notice, I flatter myself, whilst it has all the advantages of these different methods, and some which neither of them possess, is without their disadvantages.

Requiring little skill in its application, yet not easily disarranged, it is equally suited to fractures in every part of the limb, from the os femoris to the tarsus, with the knee bent or straight, permitting access to dress a wound in cases of compound fracture, without disturbing the apparatus, making extension at numerous points—the foot, the ankle, below and above the knee, thus avoiding undue pressure on any—and making counter-extension on the only two points it can be made, the pubes and ischium, directly in the axis of the fractured bone, thereby reducing the pressure to a minimum, and finally permitting the patient to move about with considerable freedom in bed.

It consists, you observe, of bands of thin sheet-iron, to encircle the limb, padded on the inside, and furnished on the outside with straps, to make them grasp the limb. The one at the top of the thigh has an extra cushion to protect the pubes. Narrow iron splints on the outside and inside of the limb, with screws for fixing them to the bands, and having a joint at the knee; a foot piece with a boot, and supports to keep it steady; a piece with a fenestra for embracing the trochanter, and strap for surrounding the pelvis, completes the apparatus.

The mode of applying it is as follows:—One assistant supporting the thigh, and another the leg, the surgeon puts on the circular bands and the boot, drawing the straps sufficiently tight to grasp the limb; one at the top of the thigh, a second at its middle, a third above the knee, and a fourth below it, a fifth around the calf, and a sixth above the ankle; then laying the limb on pillows arranged so as to form a double-inclined plane, he proceeds to apply the narrow iron splints from the foot upwards, tightening the screws except those opposite the fracture, which he leaves until the limb has been extended to the requisite length; and that he may always be able to judge of the progress, by the appearance of the skin, all bandages, except those forming part of the apparatus, are to be dispensed with.

One word upon the subject of fractures of the leg, and I am done. Difficulties, such as have to be encountered in the thigh, are here not met with, and a variety of apparatus are quite efficient in the great majority of cases.

Cases occur, nevertheless, which baffle the best surgeons. The lower fragment is apt to be drawn up behind the upper, by the contraction of the muscles, in consequence of sufficient counter-extension not being kept up. It is in such cases, I conceive, my apparatus would present considerable advantages over others in use.

With it, by means of the bands above and below the knee, a fixed point for counter-extension is obtained, whilst extension is made at the foot; and by reversing the band immediately above the seat of fracture, pressure can be made directly on the upper fragment.

In fractures of the patella also, one of the circular bands above the knee, another below it, with the slips of iron outside and inside, would form a much more efficient appliance than the ordinary bandages.

Such is my apparatus. I crave for it an impartial trial.

Whether it may accomplish all that it aims at, or not, I shall be well repaid if it should reduce somewhat the proportion of fatal results, or even in some degree lessen the suffering and weariness attendant on fractures of the lower extremity.—'Glasgow Medical Journal.'

CASES OF VARIOLA, TREATED WITH SARRACENIA PURPUREA.

L——, aged fourteen years; never vaccinated. When first seen (Nov. 15th) the eruption of variola was in the papula stage, thickly spread over the face and extremities, promising confluence; less thickly over the trunk. Previous pyrexia, headache, and bilious vomiting severe. Ordered decoction of sarracenia purpurea as prescribed by Mr. Miles, in the 'Lancet,' October 18th, 1862. The patient was seen daily up to 21st, the eruption displaying the regular stages without unusual change, and becoming confluent upon the face. The secondary fever was severe, and attended with delirium; but desiccation of the eruption thereafter proceeded favourably. There was no diuresis; diarrhœa was present from the fourth to the sixth day of the eruption, and was succeeded by constipation, for the relief of which castor oil was ultimately ordered. By Nov. 26th the boy was convalescent. The diet was of diluted milk and farinaceous food throughout.

B——, aged three years; never vaccinated. Was first seen on October 28th, when the eruption was papular, just forming in the skin. A diaphoretic mixture had been ordered, which was continued till the morning of the 30th, when the eruption had reached the vesicular stage, the vesicles being full and prominent. The eruption was so thickly spread and universal, and presented such an evident tendency to confluence, that it appeared a good case to test the sarracenia, which was accordingly at once supplied, and given in tablespoonful doses.

Oct. 31st.—Considerable febrile disturbance; vesicles becoming pustular; *has had the bowels freely moved, and passed a good deal of urine.*

Nov. 1st.—Child exceedingly restless; cannot be prevented from rubbing its face and denuding the pustules of their coverings; parts of the face so rubbed are quite raw; those portions which are untouched, *as the forehead, and the pustules upon the neck and chest, are much flatter than usual, and the skin around them has lost its previous imflammatory blush and become pale.* Considering, therefore, the statement in page 430 of the 'Lancet,' (Oct. 18th), under the head *Observations*, that "after the second or third dose, given at intervals of from four to six hours, the pustules apparently lose their vitality;" and again, "the pustules appear simply to lose their vitality, they desiccate and fall away;" and further, considering that among the alleged salutary effects of the sarracenia "rapid diuretic action and power of evacuating the large intestine" are cited—it was believed, notwithstanding the restlessness, that the results of the trial were so far confirmatory of the good effects of the new remedy.

2nd.—On visiting the residence of the patient, the child was found to have died late on the preceding night.

Query.—To what were the flattening of the pustules and the disappearance of the inflammatory areolæ due?—to retrocession, or the sarracenia? The latter got the dangerous and delusive credit assigned it till it was too late to pour in stimuli to rouse the sinking vital powers. The mother of this child asserted that from the moment the first dose of the new medicine was given the child began to change for the worst. — David Goyder, M.D., Assistant to Samuel Brown, M.D., in the 'Lancet.'

THE VINEGAR EEL (*ANGUILLULA ACETI*).

By Jabez Hogg, F.L.S.

The *Anguillula Aceti* is only found in the inferior and diluted vinegars of commerce. In the strongest vinegars sent out by manufacturers of repute, it never occurs; the reason of which is, that considerable care is taken to separate all mucilaginous or albuminous vegetable matters from the acid. This is effected by certain refining processes, as well as by the addition, allowed by law, of a certain quantity of oil of vitriol (sulphuric acid) to every gallon of vinegar before it is sent out to the retailer. The legal quantity of this strongly corrosive acid is often exceeded in the commoner or badly manufactured vinegars; otherwise they would rapidly spoil, and generate the vinegar eel, and become mouldy, or mothery, as it is more commonly termed.

Dr. Hassall found that many other ingredients are used in the adulteration of vinegar; and in eighteen samples out of twenty-eight examined by him, he found not only a larger proportion of the oil of vitrol than there should have been, but also remains of vegetable and other matters, some of which were positively of a deleterious nature. Nevertheless, in a very short time, all were soon more or less covered over by some fungoid growth. From this fact we may gather that very great difficulty is experienced in preventing the vinegars of commerce from undergoing rapid decomposition; doubtless arising from the facility with which the sporules of fungi, as well as other organised bodies floating about, find a ready access to the fluid, and which appears to afford all the required elements for development and growth.

Although well known that water is rarely if ever found free from the presence of either living or decaying vegetable matter, we were, perhaps, not quite prepared to find another fluid, having a large admixture of a strongly corrosive acid, and which at first sight might without much hesitation, be pronounced noxious to the growth of either vegetable or animal, offering a suitable nidus for the development and nourishment of both; and we at once see that it would be quite at variance with facts to say that vinegar eels "are developed in vinegar *only*, without the addition of any decaying organic substance."

The accurate drawing of the vinegar eels made by Mr. C. Whitley for this paper, so faithfully portrays the little creature in its several phases of life, that it appears unnecessary to add anything by way of further description. It may, however, not be uninteresting to add, that this minute and curious eel is not unfrequently made the means of practising upon the unwary a gross but very characteristic imposition by the advertising quacks who infest this great metropolis. A victim offering himself to be fleeced is usually received in a well-made up room, lined by book-cases and illuminated diagrams of the organic structures in the human body, healthy and unhealthy. Instead of the old-fashioned stuffed alligators suspended from the ceiling, the Paracelsus of modern times ostentatiously parades the most showy and expensive microscope obtainable, in closest consultation with which he takes care to be found by the patient, just as an *ant-lion* may be supposed to be studying nature as he reposes at the bottom of his conical trap, the sloping sides of which, made up of the finest sand, prove a very *facilis descensus* to his unsuspecting prey, who ventures on the treacherous surface. Proceeding to business after some preliminary anxious inquiries, *the doctor* (!) gravely proposes to aid his diagnosis by that crucial test, the microscope. The dismay of the poor victim may be more easily imagined than described, when, on being pressed to see for himself, the state of affairs is revealed to his agitated mind, in a mass of wriggling little worms, disporting themselves in the smallest drop of fluid derived from his natural juices. The doom of Herod—"and he was eaten of worms"—to him needs no more elucidating commentary, and the conscience-smitten patient does not, like the tetrach, presently give up the ghost, he is in a very apt mood to part with all the cash he may have about him, in order to be kept out of a situation, the horrible nature of which, had it not thus been demonstrated to his senses, he could never have conceived. I have sketched no overdrawn picture, but rather one, I fear, of daily occurrence; and the manner how all this is effected is exceedingly simple. The smalles particle of *sour paste*, previously placed on a slip of glass, lies imperceptible to the unpractised eye, until a single drop of any fluid secretion from the body supplies the required conditions of moisture; and, accordingly, the little paste-eels are immediately aroused to life and activity, reversing the fable of the frogs and boys, as the lively enjoyment they exhibit is apt to prove a very serious matter to the human being so shamefully victimised.—Mr. Hogg in 'Popular Science Review.'

THE KING AND QUEENS COLLEGE OF PHYSICIANS IN IRELAND AND THE TITLE OF "DOCTOR."

We publish the following correspondence on the right of the King and Queen's College of Physicians in Ireland to grant degrees:—

(Copy).

"King and Queen's College of Physicians in Ireland,
"Dublin, November 10, 1862.

"Sir,—In reply to your letter of April 4, I am directed to forward you a copy of the opinion of the Attorney-General for Ireland, from which you will see that, as a Licentiate of the College, you are legally entitled to assume the title of 'Doctor,' and I am further instructed to inform you, that if any authority or individual desire to try the question legally, the College is prepared to defend the privilege of its Licentiates.

"The College being in recess prevented an earlier reply to your letter. You are at liberty to make any use you please of this communication.

"I am, Sir, your obedient servant,
"Lombe Atthill, M.D., Fellow and Registrar.

"J. Styrap, Esq., M.D., Shrewsbury."

"King and Queen's College of Physicians in Ireland,
Dublin, November 24, 1860.

"Sir,—I am instructed by the President and Fellows of the King and Queen's College of Physicians in Ireland, to forward to you, for your information, the subjoined copy of the opinion of the Right Hon. her Majesty's Attorney-General for Ireland, as to the power of the King and Queen's College of Physicians to confer the degree of Doctor of Medicine.

"I have the honour to be, Sir, your faithful servant,
"William Moore, M.D., Fellow and Registrar.

"The two Charters of the College, and the several Acts of the Parliament bearing thereon, having been submitted to the Attorney-

General, his opinion was requested on the following query:—

"'Whether the Licentiates, as such, of the King and Queen's College, are entitled to the degree and title of Doctors in Medicine, and to use the abbreviation or initial letters M.D. after their names?'

(*Answer.*)

"'I think the Licentiates and Fellows, as such, of the King and Queen's College of Physicians, are entitled to the degree and title of Doctors in Medicine, and to use the letters M.D. after their names. (Signed) "'R. DEASY.

"'November 21, 1860.'"

APPOINTMENT OF A MEDICAL OFFICER OF HEALTH AT GLASGOW.

Dr. W. T. Gairdner, Professor of the Practice of Medicine in the University of Glasgow, has been appointed Medical Officer of Health for Glasgow. The following remarks explain the circumstances, which are very honourable to Dr. Gairdner, under which the appointment has been made:—

The Lord Provost, in moving the adoption of the minute, said that the committee had only been influenced by public considerations in making choice of Dr. Gairdner, who, they were aware, possessed a high knowledge of sanitary matters so far as they related to the public health. He had all the qualifications alluded to in the suggestions of Mr. Ure, as being requisite in the person appointed, which were as follows:—"He must be a physician of enlarged views in sanitary science; properly informed with respect to the leading phenomena of disease; skilled in the causes and conditions which influence the origin, propagation, mitigation, prevention, and treatment of diseases of the zymotic class, and in the examination, collection, and promulgation of facts relating thereto. He must also be a man of acknowledged reputation, that his opinions may carry weight with them. He must take a deep interest in the duties of his office, and if his time be not exclusively devoted to them, while he may be a consultant, he must not be a general medical practitioner, in order that in the discharge of public duty he may be independent of, and unbiassed by, local or personal considerations." Now, Professor Gairdner was quite prepared and wished to be a consulting physician. He had, moreover, devoted himself to questions of sanitary science, and he had not kept his knowledge to himself, but had published it by lectures, and in a volume which he published in 1862, a volume well worthy of perusal by any member of the committee. He came among them as a stranger, and free from local interest; and, moreover, considering his high character, he was not likely to yield to personal considerations. He (the Lord Provost) begged to state that Professor Gairdner had not applied for the situation. In looking round for a suitable person to fill the office, the committee had come to the conclusion that he was the proper man; and it was, of course, a coincidence that he should possess the qualifications set down by Mr. Ure. He felt satisfied that if Professor Gairdner received the appointment, he would accept it, and would bring the city round to a higher state of health than now existed in it. The Professor was thoroughly acquainted with the leading characters of other towns with respect to their sanitary relations, as well as their conditions of health; and even with the state of localities in cities in both England and Scotland. He (the Lord Provost), had great pleasure in recommending the appointment to the board.

Mr. Ure seconded the motion. The position of Professor Gairdner was so similar to what he (Mr. Ure) had pointed out in the scheme which he had laid before the Sanitary Committee, that he deemed it necessary to explain that he had never seen Prof. Gairdner but twice, and that was on the occasion of his lecturing in Glasgow. He had just perused the work referred to by the Lord Provost, and he was delighted to find that the sentiments put forth in it were those of such a man as they would like to have at the head of the sanitary establishment of Glasgow. The city would have great credit by the appointment. Professor Gairdner was the only gentleman which could have received the unanimous recommendation of the joint committee, and he (Mr. Ure) was satisfied that in making the appointment the committee had studied the welfare of the city, as well as the unanimity of the Board.

The appointment was unanimously approved of, and the meeting adjourned.

ST. THOMAS'S HOSPITAL.

The following are the particulars of the several metropolitan sites which have been suggested for the future Hospital:—

"No. 1.—BETHLEHEM HOSPITAL.

"This site consists of about 11 acres bounded by the wide open thoroughfares of St. George's, Lambeth, and Vauxhall roads.

"The level of the land is practically the same as all the surrounding district south of the Thames.

"On the assumption that the Governors of Bethlehem would require a price equal in amount to the cost of reinstatement of that Hospital upon a new site, a rough estimate was made by Mr. Smirke, their architect, on that basis some months since, which amounted, including the land, to 160,000*l.*

"Although the present buildings of Bethlehem would be included in that price, they being unfit for the purposes of a general Hospital, would have to be pulled down, but as all the materials are comparatively new, and of the best possible quality, their use in the new buildings would greatly diminish the outlay; and as the land is already enclosed with substantial walls and iron railings, a still further saving will be made in the building account.

"The new Bethlehem Hospital would, in all probability, have to be constructed before the Governors of St. Thomas's could have entire possession of the old site, and under these circumstances a period of about five years would probably be required for completing the new St. Thomas's Hospital on the site of Bethlehem.

"2.—FISHMONGERS' LAND, WALWORTH.

This land is situated on the eastern side of the Walworth-road, about a quarter of a mile beyond the Elephant and Castle.

It consists of about eight acres, a small portion being covered with buildings, at present producing a rental, and has frontages to Walworth-road and Glocester-row, and an outlet on the east to Brandon-street.

"The Fishmongers' Company are willing to entertain the question of sale.

"The land has been laid out for building purposes, and one letting for a plot towards the Walworth-road has been completed, but no buildings actually commenced.

"An outlay has been incurred in making roads and sewers, which would have to be added to the cost of land.

"The probable total cost would be about 46,000*l.*

The land is much the same level as Bethlehem. The soil is sand and gravel.

"The premises immediately adjoining are part of the Brandon Estate, and should be purchased.—more particularly the two blocks of buildings fronting the Walworth-road (which would give an additional frontage of 300ft.)—and the block in Brandon-street. The probable cost of purchasing all the interests in blocks A,B,C, and D would be 58,000*l.*, in addition to the above sum of 46,000*l.*; but in consequence of the complication of the several interests this sum may be found inadequate.

"These additions would make the total quantity about 13 acres.

"NOS. 3 AND 4.—SURREY GARDENS.

"This site consists of about 14½ acres, including the Manor Tavern.

"There is a good approach by Manor place from the Walworth road, but the approach from the Kennington road requires to be improved.

"The estate is held by Mr. Simpson as lessee under Brandon's Trustees, who hold from the Dean and Chapter of Canterbury (now the Ecclesiastical Commissioners.)

"The cost of purchasing these three interests would be about 77,500*l.*

"This does not include the houses in Penton and Canterbury places, which are subject to a term of about 23 years; and the whole interest in these would cost about 23,000*l.*, making a total of 100,500*l.*, and such additions would make the total area about 17 acres.

"Brandon's Trustees and the Dean and Chapter have both expressed their willingness to sell their interests in these blocks.

"The soil is sand and gravel, the level being practically the same as the site at Walworth and Bethlehem.

"No. 5.—LAND AT BACK OF NEWINGTON CHURCH.

"This is a large tract of open ground, which has, however, a very limited frontage, and its only present access is from Lower Kennington lane.

"Plot No. 1 is held by Mr. Slade, on lease, for an unexpired term of 11 years, and he is not disposed to part with his interest. Plot No. 2, consisting of about nine acres, has recently been let on a building lease, but is not yet built upon to any extent. Plots No. 3, consisting principally of houses, are subject to short leases. Plot No. 4 is subject to long leases.

"The whole is copyhold of the manor of Kennington.

"The interests on this ground are so various and complicated that it appears great difficulty would be found in dealing with them without compulsory powers.

"No. 6.—MYATT'S GROUND, CAMBERWELL NEW ROAD.

"This land is situated close to the Camberwell station of the London, Chatham and Dover Metropolitan Extension line, and will shortly be in ready railway communication with Greenwich, Deptford, and other populous districts.

"It is within the two-and-a-half mile radius from the site of the old Hospital.

"It consists of about 30 acres, and would be bounded by good roads; the level is about 20 feet above the Surrey Gardens, and the land slopes gradually away on all sides.

"The soil is gravel to a considerable depth. The land is bounded on the south by the London, Chatham, and Dover Metropolitan Extension Railway, on which a considerable traffic may be expected, and it is a question for consideration how far this will interfere with the comfort and welfare of the patients.

"The cost of these 30 acres of land would be 39,000*l.*

No. 7.—Lambeth Thames Embankment.

"A site has been suggested on the land to be reclaimed by the proposed southern embankment, and the property lying between it and the Palace New road, immediately opposite the Houses of Parliament.

"Plan No. 7 shows the site, which consists of about seven acres, the part to be reclaimed being 1½ acre, and the remaining portion, at present covered with buildings, 5½ acres.

"This site has been for some time under consideration, and if by any arrangement with the Board of Works the compulsory powers now being sought for could be made available for the Governors, and which, by a letter just received from the Office of Works by direction of Mr. Cowper, there is reason to suppose may be done, the question would in that case be deserving of the best consideration of the Governors, as affording a prominent and eligible position for such an important institution as St. Thomas's Hospital."

Summary.

No.	Names.	Acreage.	Approximate Cost.	Rate per Acre.
1	Bethlehem	11	£160,000	£14,545
2	Fishmongers	8	46,000	5,750
,,	Ditto, with addition of plots A. B. C. D.	13	104,000	8,000
3	Surrey Gardens, including Manor Tavern	14½	77,500	5,345
4	Ditto, with additions of Penton and Canterbury Places	17	100,500	5,910
5	Land at the back of Newington Church	—	no estimate.	—
6	Myatt's Ground	30	39,000	1,300
7	Thames Embankment ...	7	no estimate.	—

HENRY CURREY.

4 Lancaster place, Strand, W.C., Jan., 1863.

MEDICAL SOCIETIES.

WESTERN MEDICAL AND SURGICAL SOCIETY.

Friday, December 19.

Dr. Barclay, President, in the Chair.

A paper was read, by Dr. Edward Harvey, on

CONTINUED FEVER, AS IT APPEARED AT ST. GEORGE'S HOSPITAL DURING THE LAST SEVEN MONTHS.

The author remarked that, since the time of Jenner, no better opportunity than the present outbreak had occurred for studying this disease and its treatment. What is fever? That no eruption need accompany it is quite admitted, other organs manifesting its various symptoms; but as a disordered organ may produce the symptoms of fever, its diagnosis requires great attention. This care is needed, for the statistics of the year 1855 and 1859 differ materially at St. George's and the Fever Hospital. Can this be due to an epidemic varying widely in different parts of the town? The post-mortem book of St. George's shows that, from 1852 to 1861, the deaths from fever average 9 a year, 15 being the highest number, and 3 the lowest. Now in this year 16 have already died. Of these 16 cases, 4 were not examined: of the 12 that were, 3 had ulcerated bowels; 3 patches of congestion, but the glands natural; and in 6 the bowels were healthy. Thus, of those examined, 25 per cent. had ulcerated bowels, whilst it was 70 per cent. in former years. As to symptoms: 1. The eruption on the skin.—One of the 3 with ulcerated intestines had no eruption; 2 had rose-spots going away on pressure; the 6 with healthy intestines had mulberry or measly eruption; of the 3 with patches of congestion, 2 had mulberry spots, and 1 only petechiæ. The connection between the mulberry eruption and healthy intestines—between the rose-spots and ulceration—is evident. 2. During life, ulceration of the bowels and diarrhœa coexisted. Of those who died with ulcerated bowels, 2 had mild, and 2 severe diarrhœa; 7 the bowels well open; and 2 costive. In the 8 cases of typhus fever this year, diarrhœa existed, and at the Fever Hospital was also prevalent. 3. Cerebral symptoms.—These marked the difference between typhus and typhoid. The mulberry eruption was always accompanied by delirium or stupor; the rose-spots by ulcerated bowels and cerebral restlessness, without delirium. There have been, in the last seven months, 58 cases of fever at St. George's: of these, 9, or 15·5 per cent. have died, which is less than 1 in 6. At the Fever Hospital it is about 1 in 5; whilst the last nine years, ending 1859, give at St. George's a per-centage of 11·4. Of the 58 cases lately in the Hospital, 41 had eruption, 10 rose spots, and 31 mulberry or measly. Of those without eruption, 2 were typhoid, 3 typhus, and the rest febricular. The total of typhus was 34, of typhoid 12, and of slight fever 12. All the typhoid had confusion of thought, but no active delirium; 10 out of 12 had diarrhœa. One fourth of those who died had typhoid fever. Of the typhus cases, the brain was clear in 5, slightly delirious in 11, and severely so in 18. The bowels were costive in 11, quiet in 10, relaxed in 8, and given to diarrhœa in 5. Of the 58 patients, 26 came from the neighbourhood of the Hospital; 6 became infected in the Hospital. There is no instance of a typhus and a typhoid case coming from the same house. From May to December, most were admitted in July, and least in August. The treatment has, for the most part, been to support the patient by beef-tea, wine, brandy, etc., opiate and other injections being used, if necessary, for the bowels in the typhoid cases, and purgative, with care, in the typhus. The treatment of Dr. Fuller differed from the ordinary, and consisted of an emetic at the outset, with a scruple of quinine every hour for three doses, and, subsequently, quinine in smaller doses. This treatment, in 6 out of 8 cases, caused considerable temporary depression and deafness, due to the quinine. Patients on this plan mended on the ninth day, and on the seventh with the ordinary treatment.

Births, Marriages, and Deaths.

BIRTHS.

Alton.—On the 5th inst., at Denny street, Tralee, the wife of W. Alton, M.D., of a daughter.

Blake.—On the 12th inst., at Woolwich, the wife of Surgeon-Major E. H. Blake, of a son.

Brudon.—On the 5th inst., at Hawick, the wife of J. Brydon, M.D., of a son.

Campbell.—On the 10th ult., at Montreal, the wife of Dr. F. Campbell, of a son.

Campbel.—On the 14th ult., at Montreal, the wife of Dr W. Campbell, of a son.

Crooke.—On the 9th inst., at Sunnyside, Macroom, the wife of Warren Crooke, M.D., of a son.

Davis.—On the 6th inst., at Kildare street, Dublin, the wife of Geo. Davis, M.D., of a daughter.

Lapsley.—On the 6th inst., at Hope street, Edinburgh, the wife of William Lapsley, L.R.C.S.Ed., Surgeon 90th Regiment, of a son.

Lovegrove.—On the 7th inst., at Sevenoaks, the wife of Chas. Lovegrove, M.D., of a son.

Nixon.—On the 15th of Oct., at Hobart town, the wife of Geo. Forbes Nixon, M.B., of a son.

Weld.—On the 15th of Oct., at Nairne, South Australia, the wife of Dr. Weld, J.P., of a daughter.

MARRIAGES.

Biggs—Groundwater.—On the 13th inst., at the Church of the Holy Trinity, Westminster, J. Strange Biggs, M.D., of Springfield, Tooting, to Catherine Churchward, eldest daughter of Lieut. Colonel Groundwater, formerly of the Bombay Horse Artillery.

Dempster—Peters.—On the 27th of Sept., at Beechworth, Australia, John Colquhoun Dempster, M.D., only son of Dr. Dempster, Inspector-General of Hospitals, to Octavia Sophia, relict of the late Hodgson Peters, Esq.

Hawkes—Cartwright.—On the 3rd inst., at St. John's Church, Leamington, Chas. F. Hawkes, M.D., to Sarah Cartwright, of Birmingham.

Jones—Atkinson.—On the 7th inst., at Walton-on-Thames, Wm. Price Jones, M.D., of Surbiton, to Sophia Caroline, younger daughter of the late Wm. Atkinson, Esq., of Notting hill and Aldersgate street.

Smith—Duval.—On the 11th ult., at Nicholet, Lower Canada, Dr. Wm. H. Smith, to Miss Victoria Olive Duval.

Wright—M'Cheane.—On the 23rd ult., at the Cathedral, Calcutta, T. Wright, M.R.C.S.E., Assist.-Surg. 38th Regt., to Margaret, eldest daughter of J. M'Cheane, Esq., J.P., of Southsea.

DEATHS.

Buchanan.—On the 1st inst., at Northampton park, Islington, George Adam Buchanan, L.S.A., aged 61.

Brown.—On the 5th inst., J. Brown, M.D., of Quadrant Villa, Lower road, Islington, aged 50.

Chalmers.—On the 5th of Oct., at Tavistock-buildings, Port Adelaide, South Australia, Andrew Chalmers, M.D., aged 42.

Finnie.—On the 7th inst., at Kew Terrace, Dundee, Wm. Finnie, Staff-Surgeon-Major, Army.

Gunning.—On the 11th inst., at Paris, J. Gunning, C.B., F.R.C.S.E., Inspector-General of Army Hospitals, aged 88.

Harrison.—On the 4th inst., T. Harrison, M.R.C.S.E., of Lancaster, formerly of Kendal, aged 57.

Jones.—On the 3rd inst., G. Haines Jones, M.D., J.P., of Ashling House, Hambleton, aged 71.

Kingdon.—On the 8th inst., at Abbey wood, Kent, Wm. Kingdon, F.R.C.S.E. (Hon.), of Bank buildings, Lothbury, aged 74.

Moir.—On the 2nd inst., at Dudley Colliery, Northumberland, Geo. D. Moir, Surgeon, formerly of Glasgow, aged 24.

Mott.—On the 11th inst., Charles Mott, M.R.C.S.E., of Church Stretton, formerly of Walton-on-Thames, aged 73.

Newington.—On the 6th inst., at the Vineyard, Tiechurst, Sussex, C. E. Hayes Newington, B.A., Ext. L.R.C.P., aged 50.

Ratliffe.—On the 8th ult., at sea, off Bermuda, from accidentally falling overboard, Rich. Ratliffe, Assist.-Surgeon, R.N., Aug. 29, 1852, Senior Assist. Surg. H.M.'s Ship "Melpomene," aged 34.

Scott.—On the 7th inst., at Leuchars, Fifeshire, R. T. Scott, M.D., aged
Smith.—On the 22nd of Sept., at Yankalilla, Ralph Smith, M.D., a 34.
Whitfield.—On the 10th of Oct., at Thornleigh, Longford, Tasmania, Fred. F. Whitfield, M.R.C.S.E., aged 49.
Warburton.—On the 1st inst., at Market Drayton, Salop, Thos. J. Warburton, L.R.C.P.E., second son of J. Warburton, L.S.A., of Betley, aged 37.

MEDICAL NEWS.

Royal College of Surgeons of England.—The following gentlemen passed their Primary Examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 13th inst.:—F. W. Adams, Bristol; C. Adcock, Birmingham; I. B. Brown, Middlesex Hospital; C. F. Bullmore, St. Mary's Hospital; A. Charles, Birmingham; F. E. Chambers, Middlesex Hospital; H. J. Dwelly, Guy's Hospital; R. T. Freeman, Guy's Hospital; G. Griffiths, Liverpool; G. W. Harrison, Dublin; W. Hughes, Middlesex Hospital; E. Hyde, Charing cross Hospital; H. W. Jackson, King's College; T. F. Lloyd, Guy's Hospital; R. J. Lupton, Liverpool; H. W. A. Mackinnon, King's College; J. Mathews, King's College; W. C. Penn, St. George's Hospital; A. W. Walls, University College; G. H. Whidbarne, Middlesex Hospital; Thos. Wilson, Newcastle; J. A. Woodhams, King's College.

The following gentlemen passed their Primary Examinations on the 14th inst.:—R. Bowie, Edinburgh; H. O. F. Butcher, Guy's Hospital; D. J. Canny, Dublin; E. Cheatle, Birmingham; J. R. Dowman, Birmingham; J. Drust, Middlesex Hospital; E. J. Hardwicke, St. Bartholomew's Hospital; R. Hay, Belfast; R. W. Henderson, Guy's Hospital; J. Loane, London Hospital; W. M'Candlish, St. Bartholomew's Hospital; J. Morris, Birmingham; S. Morton, Westminster Hospital; E. B. Pearson, London Hospital; G. R. T. Phillips, Guy's Hospital; J. C. Robinson, Guy's Hospital; E. H. Ruddock, Guy's Hospital; T. Smallhorne, Dublin; F. Sutton, Guy's Hospital; A. Tuxford, Edinburgh; C. H. Weld, Middlesex Hospital; R. Willmot, Birmingham; M. Wright, St. Bartholomew's Hospital.

The following gentlemen passed their Primary Examinations on the 15th inst.:—C. E. Caskerton, London Hospital; J. Demaine, Leeds; W. P. Dukes, London Hospital; E. T. C. Ellis, St. George's Hospital; J. P. Hewley, St. George's Hospital; S. H. L. Murray, Newcastle; H. M'K. Parkes, Guy's Hospital; G. Penruddocke, Middlesex Hospital; P. K. Picard, Edinburgh; J. Shackleton, Manchester; W. E. Soffe, Middlesex Hospital; J. Stedman, University College; F. S. Taylor, Guy's Hospital; W. Wigmore, Cork; G. V. Wright, Edinburgh.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 8th instant:—Allen Græme Check Mann, Guy's Hospital; William Thelwall, Farndon, near Chester; Henry Beazeley Trimmer, Gloucester; Frederick Waghorn, Soho square.

University of St. Andrew's—Examination for Honours.—First Class.—William Bloxam, London; Edward Ray, Dulwich—equal. Second Class.—John M. Bright, Forest hill; John L. Prichard, London; John W. Irvine, Lancaster; James Steele, Wishaw.

The Tae-ping Rebellion.—The wounded of the Tae-ping "army" are attended by an English surgeon.

The Health of Manchester.—Statistical tables show that Manchester has never been more free from fever than at present.

University College Hospital.—Mr. John Hibbert has presented 100*l.* to this hospital, in addition to eight similar contributions already announced.

A Remarkable Woman.—Dr. W. M'Carthy was in attendance on a lady aged 69 years, on Thursday night last, who gave birth to a fine boy. The father of the child is 74 years old. Mother and child are doing well. This is a remarkable phenomenon, and has created much discussion among the physicians in the city. Old people who are without children have good grounds to take fresh courage and be hopeful.—'Cincinnati Inquirer.

University of St. Andrew's.—At the recent examination at this institution, 379 candidates presented themselves for the degree of M.D., of which number 336 passed, and 43 were rejected. The amount of fees, at 26*l.* 5s. each, arising from those who were *capped*, amounted to the large sum of 8,820*l.*; and if to this amount be added the four guineas forfeited by each of the rejected candidates, it will give a grand total of 9,000*l.* 12s. With the exception of 32 candidates, all the gentlemen possessed one, two, or three qualifications. In addition to the 43 rejected on their examination, a great number withdrew without completing their work, and others without even commencing it, finding they were not quite up to the mark; others were advised to retire in consequence of their antecedents being too well known by the Senatus Academicus, to whom great credit is due for the surveillance exercised by them on this the last occasion of examining candidates without residence at St. Andrew's, except in the case of medical practitioners above the age of 40 years, and then not more than ten in any one year, and on payment of fifty instead of twenty-five guineas, and having resided at least two out of four years at some recognised university.

Extraordinary Silver Mine.—In the Geological Museum there is a lump of silver, about as much as would make forty shillings, which is stated to have been taken from the stomach of a mule in Mexico. It appears to be a common occurrence to find quantities of silver in the stomach and intestines of the mules working in the Mexican silver mines, and its presence is accounted for by the mules eating mud (which contains much silver), for the purpose of obtaining the salt which is mixed up with it also. The silver is said to accumulate to a considerable extent without proving injurious, and this furnishes us with another fact to indicate how living tissues tolerate the presence of metallic substances. A correspondent of the 'Veterinary Review' facetiously suggests that the Mexican veterinary surgeons will find their fees for post-mortem examinations in the stomachs of their patients.

Case of Suspected Poisoning in Ireland.—A case of suspected poisoning is just now occupying public attention in Ireland. The supposed victim was a young lady, named Cary, aged 18, and the suspected person is domestic servant to Dr. Courtenay, Medical Officer of the Galgorn Dispensary, who attended the deceased in her illness. The body has been exhumed, and a coroner's inquest held. The viscera were healthy, with the exception of the stomach, which was said to be livid and in a state of gangrene. There was also slight congestion of the brain. The stomach and its contents have been sent to Dr. Hodges, of Belfast, for chemical examination.

The Hunterian Oration.—The biennial oration in memory of the immortal genius of John Hunter will be delivered in the theatre of the Royal College of Surgeons, on Saturday, the 14th of February, by George Gulliver, Esq., F.R.S., a Member of the Council of the College.

Partial Asphyxia Produced by the Atmosphere of the Underground Railway.—On Sunday last a railway porter was brought to University College Hospital, with all the symptoms of partial asphyxia, as if from carbonic acid. He had been some ten or twelve hours continuously in the Gower street station, and felt giddy and could not stand on his legs. After treatment of some hours he recovered and left the hospital. Two other persons were more slightly affected, but required nothing special, and were not admitted; whilst a fourth applied the next day, with equally mild symptoms as in the two last. There was not the least evidence of intoxication in any of these patients, but whether the symptoms really depended on the effects of carbonic acid is a matter for speculation. A very large number of persons travelled on the Underground Railway last Sunday; the number has been stated to be as many as 30,000.

Relics of St. Thomas's Hospital.—The statue of King Edward VI., by Scheemakers, which stood in the centre of the second quadrangle, and the statue of Sir Robert Clayton, which stood in the centre of the third court, have been removed to the present site of the hospital at Walworth.

Death from Strychnine.—Two assistants at Messrs. Hopkins and Williams, wholesale druggists, in New Cavendish-street, were accidentally poisoned from drinking beer containing strychnine. One of them died in a few hours afterwards, at the Middlesex Hospital; the other recovered.—'Lancet.'

Cinchona.—The Indian government has been forming plantations on a large scale on the Neilgherry hills. The total number of plants, at present, is 72,568; of these, 13,700 are placed permanently out of doors, 18,076 are in the plantation nurseries, the remainder are small and under glass. Extensive clearings, amounting to 700 acres, are being made for further planting of this valuable tree.

Death of John Gunning, C.B.—Mr. John Gunning, the oldest member of the College of Surgeons, expired on Sunday last at his residence in Paris. Deceased, who had attained the age of ninety, was a distinguished army surgeon, having been on the staff so far back as 1792. At Waterloo he held the rank of Deputy Inspector General of Hospitals, and on that battle-field it fell to his lot to cut off Lord Raglan's arm. He went to Paris with the Duke of Wellington's army, and has resided there ever since. On New Year's Day he had a dinner-party; and cards for another party were issued so lately as last week. An attack of bronchitis prevented him receiving his friends on the day expected. His medical attendant thought it serious; but he got better and, on Saturday was thought to be out of danger. On Sunday morning, however, he expired in his arm-chair, without pain, and with scarcely any previous symptoms to denote his approaching end. His daughter, Mrs. Bagshawe (the wife of the Queen's Counsel) and two of his granddaughters were with him at the time of his death.

Benevolence.—The Chaplain of the Middlesex Hospital announced the following act of kindness performed at this hospital on the 6th inst.:—A lady, being permitted to visit the wards, went from bed to bed, and in the most quiet and gracious manner presented half a sovereign to almost every one of the patients as a new year's gift and as a thank-offering for recovery from a dangerous illness. The number of the patients amounted to nearly 300.

North Staffordshire Medical Society.—At the last Annual Meeting of this Society, the following office-bearers were appointed for the ensuing year:—President, Dr. John Thomas Arlidge, Physician to the North Staffordshire Infirmary. Treasurer: Mr James Yates. Secretary: Mr. William Haslam Davis. Committee: Messrs. Benjamin Boothroyd, Robert Garner, R. Goodall, and Joseph Walker.

Appointments.—Wm. Evelyn Alston, M.D., Assist-Surg., Supernumerary in the 70th Foot, has been appointed Staff Assistant-Surgeon, vice Fraser, resigned.—J. Bell, M.D., has been appointed Assistant-Surgeon to the Eye Infirmary, Edinburgh.—D. Blair, Esq., has been appointed Hon. Assistant-Surgeon to the 7th Argyllshire Artillery Volunteers.—J. C. Bow, M.D., Assist-Surg. Bengal Service, has been promoted to the Surgeon, vice Batson, retired.—W.C. Brown, M.D., Assist.-Surgeon Bombay Service, has been promoted to Surgeon, vice Lodwick deceased.—B. Browning, Assist.-Surg. R.N. Feb. 14th, 1856, has been appointed to the "Cumberland."—T. Smith Burnett, L.R.C.S.I., Assist.-Surg. R.N. Jan. 15th, 1859, has been appointed to the "Royal Adelaide." for Plymouth Hospital.—C. Vidler Cay, M.R.C.S.E., Assist.-Surg. in the Coldstream Guards, has been promoted to Battalion Surgeon, vice Wyatt.—J. C. Collins, Assist.-Surg. Bengal Service, has been promoted to Surgeon, vice Mackinnon, retired.—H. E. Eastlake, M.D., has been appointed Physician-Accoucheur to the St. Marylebone General Dispensary, Welbeck street, Cavendish square.—P Fitzgibbon, L.K.Q.C.P.I., has been appointed Medical Officer to the Clonmel Constabulary, vice J. Ward Dowsley, M.D., deceased.—A. Gilmour, L.F.P.S. Glas., has been appointed Surgeon to the 1st Administrative Battalion Linlithgowshire Rifle Volunteers.—A. Graham, M.D., Surgeon R.N. July 27th, 1847, has been appointed to the "Edinburgh."—J. Hendley, M.R.C.S.E., Staff Surgeon, has been appointed surgeon to the 7th Foot, vice T. Moorhead, M.D., appointed to the staff.—Wm. A. Hope, M.B., Staff Assist. Surg., Supernumerary in the 57th Foot has been appointed Staff Assistant-Surgeon, vice Hyde resigned.—Bronislaw J. Jazdowski, M.B., Staff Assist.-Surg., has been appointed Assistant-Surgeon to the 93rd Foot, vice S. Hope deceased.—Wm. R. Kerans, L.R.C.S.I., Staff-Assist-Surg., has been appointed Assistant-Surgeon to the 99th Foot, vice S. H. Macarthey, M.D. who resigns.—E. M'Shane, M.R.C.S.E., Assist.-Surg., Supernumerary of the 65th Foot, has been appointed Staff Assistant-Surgeon, vice P. Frank, M.D., resigned.—J. F. Mitchell, M.R.C.S.E., Assist.-Surg. R.N. March 31st, 1856, has been appointed to the "Victory" for service with the Marine Artillery.—T. Moorhead, M.D., of the 7th Foot, has been appointed Staff Surgeon, vice J. Hendley, appointed to the 7th Foot.—R. Bernard O'Toole, Assist.-Surg. R.N. Oct. 8th, 1861, has been appointed to the "Forte" (additional).—J. Palfry, M.D. of Wellington street, London bridge, Assistant-Physician to the Metropolitan Free Hospital, has been elected Physician to the Surrey Dispensary, Great Dover street, vice Dr. Whitley, resigned.—F. Pearson, Assist.-Surg. Bengal Army, has been promoted to Surgeon, vice Surgeon Major Beale, retired.—G. R. Pemberton, M.B., Assist-Surg. Bengal Service, has been promoted to Surgeon, vice Wethered retired.—Dr. J. Pettigrew, formerly President of the Royal Medical Society, Edinburgh, and Resident-Surgeon to the Clinical Surgical Wards of the Royal Infirmary of Edinburgh, has been appointed Assistant in the Hunterian Museum, Royal College of Surgeons of England.—C. Rooke Prance, M.D. has been elected Librarian of the Plymouth Medical Society.—J. Lancaster Ranking, M.R.C.S.E., Surg.-Major Madras Service, of the 105th Foot, appointed to the 23rd Brigade Royal Artillery, and to be in medical charge of the Horse and Foot Artillery at Secunderabad.—J. Ratton, M.R.C.S.E., Surgeon Indian Service, has been promoted to Surgeon-Major having completed twenty years' service in India.—J. Lee Sands, L.R.C.S.I., Assist.-Surg. R.N. Sept. 25th, 1855, has been appointed to Greenwich Hospital.—W. Scott, M.D., Surgeon Madras Army, from doing duty in the 25th Regt. of Native Infantry, to do duty with the 105th Regt. of Foot.—H. Smith, F.R.C.S.E., Surgeon-Major Madras Army, has been removed from the 8th Regt. of Native Infantry to the 20th Brigade of Royal Artillery, and to be in medical charge of the Horse and Foot Artillery at Kamptee.—Wm. Dunnett Spanton, M.R.C.S.E., of the Middlesex Hospital, has been appointed Assistant to the House-Surgeon, Sheffield General Infirmary, vice A. E. H. Trotter, M.R.C.S.E., resigned.—J. Stephenson, M.D., has been appointed Surgeon to the 1st Norfolk Artillery Volunteer Corps.—D. Wilson, L.R.C.S.I., Surgeon R.N., has been appointed to the "Osprey."—Surg.-Major Wright, of the Bombay Service, has been appointed to act as Presidency Surgeon of the 1st District, during the absence of Surg.-Major Arbuckle.—F. W. Wright, M.R.C.S.E., has been elected Resident Surgeon to the Birmingham and Midland Counties Lying-in Hospital and Dispensary for Diseases of Women and Children, vice T. H. Hughes, M.D., resigned.

APPOINTMENTS FOR THE WEEK.

Wednesday, January 21.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.

Thursday, January 22.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m. Prof. Frankland, "On Chemistry. Chemical Affinity."

Friday, January 23.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Royal Institution, 8 p.m. Prof. Tyndall, "On Radiation through the Earth's Atmosphere."

Saturday, January 24.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m. Mr. W. S. Savory, "On Life and Death."

Monday, January 26.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.; Royal Institution, 2 p.m. Special Meeting of Members; Medical Society of London, 8½ p.m.

Tuesday, January 27.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.; Royal Institution, 3 p.m.; Ethnological Society, 8 p.m.; Royal Medical and Chirurgical Society, 8½ p.m.

NOTICES TO CORRESPONDENTS.

Medicus.—Less oxygen is consumed at about 3 o'clock a.m., than at any other period of the twenty-four hours. This has been long known; M. Delbrück's observations therefore are only confirmatory of preceding investigators on this point. The pulse is also lowest at the same hour.

J. H.—Dr. C. L. Robertson is the present editor of the 'Journal of Mental Science.'

A Subscriber (Manchester).—We are obliged to our correspondent for his information.

Dr. B. W.—1st. No.—2nd. The objection is utterly absurd.

L.R.C.P. will see that we have printed the correspondence to which he alludes. Opinions have been given, however, on the other side.

Mr. Lindsay is thanked.

Mr. Blake.—Attended to.

Mr. W. Jones.—The publisher will communicate with you.

Dr. Fleming is thanked. The publisher will attend to the matters referred to.

M.D.—We do not apprehend that much difficulty could be experienced in obtaining such an appointment; but after the war was over what would it be worth? You might also be placed where you might see but little surgery, if "to see surgery" be your object.

Mr. Caldwell.—1st. The subject shall be considered.—2nd. We think not.

Chirurgus.—There is an institution for Galvanism in Margaret street, Cavendish square, under the management of Mr. Lobb, who has given much attention to the subject. We believe that it is open on Wednesdays.

Dr. John Haywood.—If the applications of Assurance Offices without offer of payment were systematically refused, a reform in this matter would necessarily be brought about. It is the interest of the offices, not of the assurer that a correct report should be made; it is their interest and duty, therefore, to pay for it.

Mr. Gervis.—The notice of the Junior Medical Society arrived too late for insertion in the Medical Circular.

Mr. Callender.—We are obliged. The subject shall be noticed.

Homunculus.—The object cannot be attained in the mode proposed under existing regulations.

M.D. (Dublin).—The article is common-place, and contains no point worthy of recording.

Dr. Wilson, M.S.S.—Received.

Alpha (Bath).—Dr. Prytherch at Homberg.

Dr. Scully.—A note has been sent.

Statius inquires:—What was the name of the medical gentleman who has received the largest fee on record? and what was its amount?

Puckett Fund.

Mr. Griffiths requests us to state that he has received from A. Keppel Read, Esq., Garrison and Civil Surgeon, Attock, India, 22*l.* 13s. 4d. as a subscription towards the Puckett Fund, from the following subscribers:—Assistant-Surgeon Baillie, 10r.; Mrs. Blackall, Attock, 10r.; Captain Blackall, ditto, 5r.; Murree Church, offering fund, 35r.; Colonel Carleton, Royal Artillery, 5r.; Sir S. Cotton, Major-General, 10r.; Mr. Dyer, Murree Brewery, 5r.; Lieutenant Drake, 32nd N. J., 5r.; Captain Elliott, 94th Regiment, 16r.; Mr. Finn, Public Works, 2r.; Mrs. Green, Mrau Weer, 5r.; W. Green, Esq., Punjab Police, Captain Heyland, A. D. C., 10r.; Lieutenant Colonel Kindlerides, Royal Artillery, 16r.; Captain Langmore, Barrack Master, 5r.; Lieutenant March, Sappers and Miners, 5r.; M. M. K., 3r.; Mrs. Morrison, 3r.; Lieutenant Morland, Murree, 5r.; Colonel Olpherts, ditto, 5r.; Mr. Powell, Murree, 3r.; J. B. C., 5r.; A. K. Reed, Assistant-Surgeon, 21r.; J. B. Reade, Assistant-Surgeon, 5r.; Rev. Kilbee Stuart, Murree, 15r.; Major Sandilands, Attock, 10r.; Captain Urmston, 5r.; Captain Ware, 5r.; James Wright, Esq., C. E., 10r.; total rupees, 244. Mr. Griffin wishes us further to state that the list is now closed, 1,074*l.* 8s. 10d. having been received, and the handsome provision of 52*l.* per annum made for the widow; the capital ultimately to be divided amongst the children.

JOURNAL

OF

Practical Medicine and Surgery.

PRESCRIPTIONS AND FORMULAS.

Art. 6359. Eczema. Mr. Bazin's Treatment.—We extract from the volume recently published by Mr. Bazin, of Hospital St. Louis, on *Generical Affections of the Skin* (*a*), a few formulas applicable to the treatment of Eczema.

Mr. Bazin opines that it is impossible to expect that one remedy should be capable of effecting a cure in a disease which may be connected with scrofula, herpetism, or rheumatic predisposition.

The internal treatment recommended by Mr. Bazin for scrofulous eczema may be summarised as follows: The patient should drink every day two pints of an infusion of hops sweetened with anti-scorbutic syrup (S. of cochlearia); and take morning and evening a table-spoonful of syrup of iodide of iron, and every four or five days a tumblerful of Seidlitz water during the secretive stage of the eruption. Cod-liver oil Mr. Bazin uses in severe cases of malignant scrofula, and combines its exhibition with that of iodine and iron, when these remedies alone have failed in producing improvement.

In very young children, despite popular prejudice, Mr. Bazin endeavours to check the progress of the eruption by the administration of the syrup of iodide of iron.

In *herpetic eczema* the author places his trust in arsenical preparations, and prescribes daily two pills containing each one twelfth of a grain of arseniate of iron, combined with one grain of extract of dulcamara. The number of the pills is gradually increased to twenty-five or thirty (from two to three grains of the arseniate.)

The arseniate of iron is appropriate to persons of weak or debilitated constitution. To vigorous subjects, Mr. Bazin exhibits in preference the arseniate of ammonia in solution, as follows:—

℞. Aq. destill., ℥x.;
Ammoniæ arseniatis, gr. j.

Dose: one table-spoonful night and morning, progressively increased to four or five in the course of the day.

Concomitantly, two pints of infusion of saponaria are prescribed as a daily beverage, and every third morning a glass or two of Seidlitz water.

The following is the prescription in *Rheumatic eczema*:—

1. As a beverage infusion of soap-wort or heart's ease, sweetened with syrup of elm or fumitory.

2. Night and morning, one hour before meals, a table-spoonful of the following syrup:—

℞. Syrupi fumariæ, val Saponariæ, Oj.;
Sodæ bicarbonatis, ℥j ss.

3. To drink alkalised water at meals.

The foregoing remarks apply to internal treatment only. The local applications may either be appropriate in every kind of eczema, or exclusively suitable in certain forms.

Amongst the former should be numbered starch poultices, amylaceous baths, violet powder, which are especially useful in the incipient stage of the disease, and astringent pomades with oxide of zinc, tannin, &c., which are beneficial in the advanced or desquamative stage of the eruption.

With regard to the remedies peculiarly applicable in certain varieties of eczema we may mention:

Amylaceous, Condillac, or Vichy baths, which may be given with the *hydrofère*, and are especially beneficial in *arthritic eczema*. Glycerine is improper in the herpetic and scrofulous forms, but may also be serviceable in the rheumatic variety. In this kind of eczema Mr. Bazin recommends the following pomade:

℞. Ferri sulphatis, gr. vj.—viij.;
Cetacei, ℥j.;
Adipis, ℥j., M.

In *herpetic eczema* he prescribes baths and lotions with a solution of arseniate of soda, of corrosive sublimate or acetate of lead if much local irritation prevails, and the common calomel ointment.

Sulphurous baths are beneficial in the declining stage of *scrofulous eczema*, but aggravate the symptoms of the herpetic and rheumatic forms of the disease.

Art. 6360. Irritation of the Gums Caused by Teething.—The *Bulletin de Thérapeutique* recommends as likely to relieve this irritation, which interferes with the rest of children and of mothers, the following mixture which should be rubbed gently into the gums:

℞. Glycerinæ puræ, ℥j.;
Chloroformi, } a gr. viij.—℈j., M.
Tinct. croci., }

Art. 6361.

LEARNED SOCIETIES.

Academy of Sciences.—Dr. Edward Fournié read a paper entitled: *A Practical Inquiry into the Laryngoscope, and the Application of Topical Remedies to the Respiratory Passages.* The following is a brief abstract of his Memoir:

In order more widely to promulgate the use of the laryngoscope, the author conceives that the instrument should be simplified. Mr. Fournié's laryngoscope consists of a plane and a concave mirror intended to concentrate the light on the fauces. The plane mirror is secured with a band to the forehead of the observer. A lamp, a candle and reflector or diffused light are used.

Mr. Fournié, in the second part of his paper, treats of the local application of remedies to the fauces, larynx and bronchi, and shows by physiological experiment that in many instances, gargles do not reach the affected parts, and cause more pain than relief. Hence, he concludes, that simple gargles should be replaced by the deglutition of the liquid, and medicated gargles by the direct conveyance of the medicinal agent to the seat of disease, with an india-rubber blower. He has succeeded by this method in effecting, without operation, a cure of hypertrophy of the tonsils with the escharoticus Viennensis, mixed with bichromate of potash. Twenty cases are brought forward in support of these assertions. The author applies the same procedure to nasal polypi, and to relaxation of the uvula. With the assistance of the laryngoscope, the glottis may be sufficiently illuminated to permit the surgeon to penetrate into the larynx, with an appropriate instrument.

We stated on a former occasion, that on the subject of the penetration of pulverised liquids into the bronchi, Mr. Fournié entertains an opinion which is not in accordance with the views of Mr. Sales-Girons. He conceives that liquids penetrate very imperfectly into the bronchial divisions, but that solid powders may, on the contrary, be conveyed with easet and precision into any part of the air-passages. To effec this purpose he has constructed instruments of great simplicity of mechanism.

—At the same meeting, Mr. Dumas communicated a letter received from Mr. Favre, of Marseilles, on a new mode of ascertaining the presence of a metallic projectile in a wound. The principal elements of this system consist in two wires sufficiently slender to be enclosed in a common probe. The wires are isolated by a varnish, and communicate with an electro-magnet. When the extremity of the wires come into contact with the bullet, the circuit is closed, and the presence of an electric current removes all doubt from the surgeon' mind.

(*a*) One vol. 8vo. Adrian Delahaye, Paris.

Mr. Jules Guérin, alluding in the *Gazette Médicale* to Garibaldi's wound, has proposed in order to discriminate the projectile from a fragment of bone, to use a very slender drill calculated to remove a few particles from the surface of the foreign body, or some innocuous chemical substance which placed in contact with the metal, would form a compound indicative of its nature.

Various methods may, therefore, be resorted to for the attainment of the desired object; but Mr. Velpeau, who addressed the Academy after Mr. Dumas, opines that the difficulty resides more in reaching the foreign body than in ascertaining its nature. In experienced hands the instruments in present use convey sufficient information for the guidance of the surgeon.

— Mr. Claude Bernard read a memoir presented by Professor Pécholier, of Montpellier, in which the author states that he has ascertained by direct experiment, the contra-stimulant action of ipecacuanha. The hyposthenic effects of the drug on animals are now fully demonstrated, and Mr. Pécholier presumes that they are similar in the human subject. Clinical experience would, in this respect, seem to agree with physiological data; an infusion of half a drachm or one drachm in a four ounce mixture, exhibited in table-spoonfuls every hour or every second hour, appears to possess distinctly hyposthenic properties, and may, therefore, be beneficial in pneumonia.

Academy of Medicine.—Dr. Tarnier described *a dilater* of his invention, intended to promote premature artificial labour. This intra-uterine *dilater*, the application of which we have witnessed in Mr. Blot's wards, consists of a tube terminated by an india-rubber ball, which expands when a liquid is injected, the return of the injection being prevented by a stop-cock. The instrument is inserted into the os uteri, and when expanded by the fluid propelled into its cavity, is retained by the internal orifice of the cervix, and requires no supporting bandage. Its introduction is painless and easy, does not induce laceration of the membranes, and seems perfectly innocuous. This procedure differs from the methods hitherto recommended for the induction of labour, and the presence of a solid body within the womb in order to bring on expulsive action, has never yet been proposed. It has now been employed with perfect success in ten cases, in which the results proved entirely satisfactory.

— Mr. Trousseau exhibited an anatomical preparation from the body of a woman whose case we related in another part of the present number (Art. 6350). The fatal issue was brought about by tubercular disease and colliquative diarrhœa, and was unconnected with the operation of acupuncture. The *post mortem* examination far from invalidating the efficacy of the procedure, as a means of inducing the adhesion of cysts with the abdominal walls, demonstrated on the contrary in the most peremptory manner, that this method had established in a predetermined and circumscribed spot, solid adhesions, which would have permitted of the injection of liquids into the cavity of the cyst, and that the fluids would have been entirely prevented from penetrating into the peritoneum.

— In the name of a committee consisting of Messrs. Boudet, Tardieu and himself, Mr. Poggiale reported on a paper by Mr. Lefort, entitled: *Experiments on the Aëration of Water, and on the Comparative Effects of the Carbonic acid, Nitrogen and Oxygen, contained in Drinkable Waters.*

A discussion will take place on this important subject, and we shall take that opportunity of reverting to the question.

— Mr. Charrière laid on the table the model and description of the exploring style, constructed by Mr. Rousseau and himself, on the instructions of Professor Nélaton, which has proved so useful in General Garibaldi's case.

— The Academy met with closed doors, for the purpose of hearing Mr. Jacquemiér's report on the candidates for the vacant seat in the section of Obstetrics. The order of presentation agreed on is the following: 1. Mr. Blot; 2. Mr. Devilliers; 3. Mr. Laborie; 4. Mr. Bernutz; 5. Mr. Salmon; 6. Mr. Mattei.

BIBLIOGRAPHY.

Art. 6362. *Des Affections Nerveuses Syphilitiques* (Nervous Syphilitic Diseases), *by D.-A. Zambaco, M D., Chef de Clinique of the Faculty of Medicine of Paris* (*a*).

We have already mentioned (Art. 6347) the circumstances which led to the publication of Messrs. L. Gros and Lancereaux's work, and of Mr. Zambaco's volume on nervous syphilitic diseases. Our present purpose is to notice the latter, for which a prize was awarded by the Academy in the year 1859.

The book is a careful inquiry into well-authenticated facts, mainly observed by the author under the eye of his Master Professor Ricord at the Hopital du Midi, in other nosocomial establishments, and in private practice. This is not, therefore, a dogmatic production, but merely a selection of cases, involving but a transient allusion to doctrinal questions, except when the instances adduced are sufficiently forcible to illustrate, or to confute certain theoretical views.

According to Mr. Zambaco, the conclusion to be derived from the facts now brought forward for the first time, as well as from those already published, is that *syphilis is capable of inducing every variety of nervous disturbance.* "Having been enabled," says the author, "to ascertain in a positive manner that chorea, hysteria, epilepsy, several forms of mental derangement, paralysis of sensation and motion, neuralgia, and functional perturbation of the organs of sense have been the consequence of venereal disease, I may safely infer that syphilis is liable to give rise to all the nervous affections enumerated in our nosological tables, and operates unfavourably in a thousand ways on the nervous system of animal life."

The inquiry into morbid anatomical changes is only second in importance to these considerations. The problem to be solved was to discover whether syphilis interferes merely with the functional operations of the nervous system, or causes physical changes in its structure. Mr. Zambaco concludes, from the cases in his possession, that if, under exceptional circumstances, the functions may be perverted, and yet no anatomical alteration be apparent, yet, in by far the greater number of cases, organic changes of the most obvious kind may be discovered in the shape of plastic deposits, exudations, traces of inflammatory action, &c. Thus, with the assistance of the ophthalmoscope, and of the valuable advice of Messrs. Desmarres, Follin, and Cusco, the author has been enabled to connect (so-called) *nervous* amaurosis, with inflammation of the choroid, or effusion in the deep-seated parts of the eye, and to watch the gradual fading away of the morbid appearances under the influence of specific treatment.

It was especially desirable to throw some light on the effects of treatment, as regards nervous affections, which, despite their syphilitic origin, not unfrequently baffle the most appropriate specific medication. Thus in the case of a syphilitic tumour exercising pressure on the spinal cord, and occasioning paralysis of the lower extremities, specific remedies will, doubtless, cause absorption of the tumour, but may not succeed in restoring motion to the limbs in which that function has been abolished. The long duration of the symptoms may have brought on changes consequent on protracted pressure, which may for ever prevent the recovery of motive power. It is, therefore, not sufficient to counteract the venereal poison by appropriate remedies, and the measures generally resorted to for the cure of the symptoms, when unconnected with syphilis, must concomitantly or subsequently be resorted to. The good effects of mercury and iodide of potassium require frequently, therefore, to be corroborated by counter-irritation, tonics, antispasmodics, narcotics, &c.

On the other hand, it occurs even more commonly that the special treatment succeeds in causing a temporary cessation of the syphilitic symptoms without altogether neutralising the diathesis, the patient remaining, in consequence, liable to future manifestations of the infection.

(*a*) One vol. 8vo, pp. 600. J. B. Baillière and Son, Paris.

The plan of Mr. Zambaco's work is extremely simple. He begins with a vindication of his acception of the term *nervous affections*, briefly sketches the history of the syphilitic diathesis, and enters on the study of morbid anatomy. He then dwells on the syphilitic symptoms observable in the motive, sensitive, and intellectual functions, three physiological classes to which Mr. Zambaco adds a fourth, neurosis, including hysteria, chorea, epilepsy, insanity, &c. Distinct chapters are, in addition, devoted to the diagnosis prognosis, and treatment of each separate class of diseases.

In conclusion, Mr. Zambaco's publication adduces a host of original facts, and the important inferences which they suggest to the author amply justify the recompense awarded by the Academy.

ART. 6363.

MISCELLANEA.

We mentioned, some time ago, an important paper read at the Academy of Medicine by Dr. Réveil, on the dangerous compounds sold by perfumers. The following are a few of the results furnished by chemical analysis. The hair-dye exposed for sale under the name of "*Florida water*," warranted to contain "nothing but the juices of harmless exotics," contains 2.78 per cent. of neutral acetate of lead, 2.6. of sulphur, and 94.5 of rose-water. Another hair-wash, called "*fluide transmutatif*," contains ammonio-nitrate of silver and ammonio-sulphate of copper. The water sold at the same time for the purpose of removing the stains left by the nitrate on the skin, is a solution of cyanide of potassium. The "*lait antéphelique*," warranted to cure freckles, contains 1 per cent. of corrosive sublimate, 4 per cent. of hydrated oxide of lead, and 122 of water, with traces of sulphuric acid.

— The Minister of State has entrusted to Dr. Dumont a scientific mission, the object of which is the study of yellow fever in Mexico. The Minister has applied to the Academy of Medicine for instructions for the guidance of Dr. Dumont, and a commission consisting of Messrs. Trousseau, Louis and Mélier has been appointed to reply on the subject.

— In a memoir presented to the Academy of Medicine, Dr. Houssard states that the infusion of bark, coupled with abstinence from wine and alcoholic beverages generally, is a prompt and infallible specific for the cure of *delirium tremens*, and restores strength and appetite, when destroyed by habitual intemperance.

— Mr. Jules Guérin claims in the *Gazette Médicale*, priority of invention of the style forwarded to Italy by Mr. Nélaton, for the purpose of detecting the presence of the ball in Garibaldi's wound.

— By decree of Nov. 25th, Dr. Depaul has been appointed Professor of Obstetrics at the Faculty of Medicine, *vice* Baron Paul Dubois, whose resignation has been accepted.

— Professor Malgaigne, desirous of devoting himself exclusively to his duties as Professor of Operative Surgery, has resigned his surgical functions at the Hospital of La Charité.

— The *Journal de Chimie Médicale* borrows from the pages of a German periodical the particulars of a case of poisoning with vermifuge santonine sweet-meats ;

"A child, aged three years, in the enjoyment of habitual good health, swallowed in the course of half an hour, five santonine sweet-meats, equivalent to one grain of the vermifuge. In the course of a quarter of an hour, violent convulsions supervened, followed by symptoms analogous to those induced by belladonna. Emetics and stimulant enemas were prescribed, and he recovered after an interval of three hours.

"It is probable that, in this instance, the santonine was unequally distributed, hence the danger of using medicated sweet-meats and sugar plums, generally. Mr. Bouchut exhibits the drug unmixed with any foreign substance, and rolled up in a wafer, and prescribes a daily dose, which corresponds to one grain for every year ; thus, in a child aged three, he would administer three grains, to be taken in three or four doses in the course of the day.

— We regret to have to record the demise of Dr. Poisson, physician of the civil hospital at Algiers ; of Dr. Godron, of Resselange (Moselle ;) of Mr. Brault (of Vendome ;) and of Mr. Duplan, (of Tarbes,) a corresponding member of the Academy of Medicine.

The Medical Circular.

CRETINISM.

By Prof. Charles A. Lee.

Interlaken, Switzerland, Sept. 4, 1862.

There are, perhaps, no physicians of the present age, who have been in the habit of perusing medical journals, who have not become more or less acquainted with the institution of Dr. Guggenbuhl on the Abendberg, for the cure of cretins and idiots. It was opened on the 23rd of July, 1841, and has now been over twenty-one years established, during all which time Dr. G. has presided over and directed its operations. As it was one of the first, if not the very first, institution of the kind ever established, it naturally attracted much attention, and it is but truth to say that it has not only given rise to many publications on the subject, but it has also been the germ of several establishments of the same kind, in different parts of Europe. For a long series of years the usefulness and integrity of Dr. G. were not questioned by any one ; it was visited, and still continues to be, by physicians, clergymen, scientific men, of every country, and even by kings and princes, who awarded to Dr. G. great credit for his zeal, benevolence, and disinterestedness. But of late, within the last four or five years, the doctor has had to encounter very serious opposition ; his candour and honesty have been even questioned ; he has been repeatedly charged with falsehood, selfishness, and an avaricious disposition ; and recently these charges have been endorsed by medical societies in Switzerland, as of Berne, which have passed resolutions, cautioning the public against Dr. G. as guilty of intentional deception, and engaged only in a money speculation, entirely regardless of the true interests of the poor cretins, in whose cause he has laboured all his life, and for whose benefit he has sacrificed all the pleasures and advantages of civilisation and refinement.

Influenced by these and other considerations, I determined to visit and examine the institution for myself, to determine, if possible, whether there was any truth in these charges. I accordingly set out this morning from Interlaken with a horse and guide, and after ascending a very steep mountain, along a mule path, for two hours and a half through a dense forest of larch, fir, and beech, we at length reached the establishment, perched on a plateau almost on the top of the Abendberg, commanding one of the finest views in all Switzerland. Twelve hundred feet below you lies the beautiful valley and village of Interlaken, with the Lakes of Thun and Brientz ; while on the opposite side we have some of the loftiest snow-clad mountains of the Oberland rising majestically before us, as the Eigher, Monch, and Jungfrau. A more lonely spot cannot be found among the Alps. The main building is an irregular-built chalet, part wood and part stone and stucco work, of two stories and basement, with eighteen rooms, and wing recently erected and fitted up as a chapel, with two windows of stained glass. The house is very plainly and even roughly built, with no pretensions to taste or elegance, and furnished in the most simple manner. The reception-room is of moderate size, and contains, suspended to its walls, twenty diplomas and certificates of membership of different medical societies in various countries, and among the rest of our own *Academy of Medicine*, to which is appended the name of John W. Francis, President. The register contains the names of many distinguished men from America and every country in Europe. Dr. A. B. Stout, of New York, was the first American who visited this institution, in July, 1844. Sending in my card, it was nearly half an hour before the Doctor made his appearance. He is a man a little above forty, small in stature, of a highly-benevolent expression of countenance, sprightly, very intelligent, and speaks the English language remarkably well. He received me very kindly, and answered most fully and satisfactorily every question I asked. There was evidently no concealment, nor any attempt at deception. I will embody the substance of Dr. G.'s remarks in a continuous form, to save space, recollecting that they were in reply to queries which I made :—"We now number," said the Doctor, "about 30 patients, 20 in the house and 10 out ; we have some, perhaps one half, who are only half cretins ; some labour under scrofula and other diseases ; many are now out on the mountain, attending to our cows and goats. We have six hundred acres of land belonging to the establishment,

part of which is tilled, but most is pasture land; the soil is not very good, but we raise some wheat and vegetables enough for the establishment, besides an abundance of milk, butter and cheese. I do not give the cretins potatoes, as they are too bulky, and cretins have already enormous stomachs; they are kept almost altogether on animal food, as meat and milk, some rice and bread. The meat is always hashed up for them, as some of them have difficulty in masticating. I find that a nutritious diet of animal food is absolutely indispensable; it is the most important of all curative measures. We first aim to invigorate the body, and give, besides the most nourishing food, preparations of iodine and iron, especially the syrup of iodide of iron. The milk of our goats and cows is very medicinal, as they feed on many aromatic and medicinal plants. It also contains more oil and caseine than the milk of animals kept in the valleys. We use phosphate of lime and cod-liver oil, with frictions and aromatic baths. In cases of great muscular relaxation and want of capillary circulation, we use electro-magnetism, sometimes while in the bath, and sometimes it is applied in a moderate degree to the brain, and continued for a considerable period. I attach great importance also to the climate of this high mountain; we enjoy a pure bracing air, never stagnant, as in the valleys below, largely supplied with oxygen and ozone, highly rarified, and altogether exhilarating in its effects on the system. We have an abundance of light and sunshine, for the sun shines here almost every day, while the valleys below are enshrouded in mists, and vapours, and clouds. In short, I attribute much of my success in the cure of *cretinism* to the climatic influences of this pure, fresh mountain air; and though it is very difficult to get here, and everything has to be brought on the back of mules, yet these advantages of climate more than counterbalance all the inconveniences of difficult access. We have no epidemics up here, while at Interlaken and all the villages in the valleys, they have some epidemic almost every season, as hooping-cough, scarlet fever, &c. It is never very cold here in winter; we are thoroughly protected against cold northerly winds; we have a southerly exposure, as you see, and our average temperature in winter is 10 degrees of Reaumer. The highest temperature ever experienced here in summer, has been 24 degrees of Raumer; to-day it is about 12. In the valley to-day, the heat is no doubt very great, and the air stagnant and sultry, with a high dew point; here it is cool and invigorating. No malaria ever reaches here; the air is highly charged with positive electricity; in consequence, the blood is more freely and thoroughly oxygenated; the oxygen is more readily absorbed. The result is, more vigorous digestion; the appetite always improves rapidly here, and that is a most important element in the cure of cretins. We have about ninety individuals connected in some capacity with our institution at the present time. It is supported mainly by what we raise from the land; we get some donations from abroad; the Swiss people do nothing for us, as they have a prejudice against doing anything for cretins, as they look on them as *holy beings*, incapable of sin, and rather a blessing to a family than otherwise.

"Cretinism differs from iodicy, inasmuch as it is a disease. The cretin is, so to speak, a perfect being, whose physical development is prevented by the bad conditions in which it is born, and in which it lives. Its moral and intellectual life is paralysed, because its physical organs are without strength or vital force. The idiot, on the contrary, is an incomplete or imperfect being, in whom some portions of the brain are wanting, or remain in a rudimentary state. The physical development is not in proportion to the feebleness of its intelligence; we often see vigorous idiots, well developed, in good health, and possessing great muscular strength. This distinction, however, is not always well marked. Cretinism is a grave affection of the cerebro-spinal system, consisting in several pathological alterations which give rise to irregular development, check the bodily growth, and blunt and impair the senses and intellectual faculties. Autopsy has often revealed to me cerebral œdema with much water in the lateral ventricles. At a more advanced period, there is softening of the adjacent portions of the circumvolutions. Microscopic inspection, in numerous cases, discloses no other visible change either in the white or grey portions of the brain, or in the elementary fibres. These pathological conditions often check the development of certain parts of the brain, especially the anterior and posterior lobes; sometimes they cause general autopsy of the brain; more rarely hypertrophy of this organ is the cause of the cerebral stupor. We sometimes meet with hardening of the brain, or some portions of it, in exceptional cases. Hypertrophy of the cranial bones, compressing the cerebral substance, characterises the rachitic form of cretinism in its more advanced stages. The premature closing of the cranial sutures by inflammation, very often causes deformity in the shape of the head, both in cretins and idiots; but as I have often found the same thing in persons perfectly intelligent, I do not think it can be regarded as one of the pathological causes of cretinism. Indeed, the word *cretinism* is a collective name, expressing different pathological states, with a tendency to progressive degeneration and feebleness of the intellectual faculties. Observation in our Alpine valleys has enabled me to distinguish a group of precursory symptoms, which afflict a large proportion of the inhabitants without affecting perceptibly their intellect. These are goitre, stunted growth, a disproportion between the body and its membranes, feebleness of the senses, and especially dulness of hearing and strabismus.

"The pathognomonic symptom of cretinism is *cerebral stupor*; but this does not prevent certain isolated faculties from being developed in an extraordinary manner, as a memory for acquiring languages, musical talent, and drawing, all of which have been exhibited in our institution. Fallere and others supposed cretinism to be always hereditary, but this is not the case; the phenomenon is often toral or sporadic; we have had no cases where neither parent was affected; the germ or predisposition is doubtless derived from the mother, for we often find one or more cretins in a family of children, while all the rest are unaffected, and yet all are surrounded by the same influences. The closest observation for some time after birth, often fails to detect the marks of cretinism, except it be feebleness, for the child is well formed; and it is very evident, therefore, that in a great proportion of the cases, at least, it must be the pernicious action of local causes which develops cretinism during the first three years of life; generally about the period of the first dentition, with symptoms of softening of the bones, of hydrocephalus, scrofula, or general atrophy. Idiotism is much less curable than cretinism, although idiots are ordinarily well formed, strong and robust: in these respects they differ from cretins, who labour under great muscular debility, and other symptoms of disease.

"You know," continued Dr. G., "that a great many causes have been assigned for cretinism: some say it is a want of iodine; some, it is owing to too much magnesia in the water; others, too much lime; some insist that it is hereditary, etc. My opinion is, that the chief cause is *malaria*. This may be aided by poverty and filth, but the latter never produce it alone, else it would, for instance, be very common in Ireland. There are over ten thousand cretins in Switzerland, and hundreds of thousands of goitre. Napoleon ascertained that in 1811, there were 3,000 cretins in the Valais alone; 7,000 have been enumerated on the Southern or Italian slopes of the Alps; there are 5,000 in the mountains of Suabia. There are large numbers in Russia; and in fact, in all the mountainous regions of Europe: so that, although full statistics have not yet been taken in every country, there is good reason to believe that there are over 100,000 cretins in Europe.

"In regard to treatment, the fundamental principle is to strengthen the physical development, before we undertake to invigorate the senses or the intellect, because experience has proved that such experiments are hazardous, until the vital forces are strengthened, and nutrition and the functions of the nervous system regulated. For this purpose I employ the means already mentioned as tepid aromatic baths, frictions, cod-liver oil, syrup of iodide of iron, electricity, etc., a nourishing diet, much exercise in the mountain air, which both regulates nutrition and hematosis."

The above comprises the substance of Dr. G.'s remarks before taking me over the establishment. He first conducted me up-stairs to a spacious room fitted up with objects, plates, and all the necessary apparatus for the instruction of idiots. Here were five pupils and three instructors, a lad of 17 or 18, a young girl of 10 or 12, and a female somewhat deformed, about 30 to 40. One of the pupils had scrofulous sores on the neck, but was not a cretin; one was an idiot, labouring under chorea; and three were apparently cretins. One was teaching the alphabet, another to count on strings of beads, the third was endeavouring to learn how to distinguish colours. One, who had been a year or more in the institution, could just breathe, but with great difficulty. The other cretins, Dr. G. said, were out taking care of the flocks. The Dr. said he had not kept statistics, as he had been away a good deal; and besides it was difficult to keep patients long enough to make a fair trial; but that he probably had had altogether 100 in the establishment long enough to test his mode of management, and he was satisfied that the disease was in most cases, if taken early, quite curable; if taken later, so far curable that patients would be taught to dress and undress, feed themselves, do many kinds of work, especially agricultural, of which he spoke enthusiastically. As a means of cure, one boy, whose photograph he showed me, when he came to the institution could speak but a single word, and was quite unable to take care of himself; after staying a few years he became sufficiently master of three languages, that he went out as a teacher, and is now engaged in New York in that capacity. I saw a well written letter of his in French; his name is Frederick Mayer. The Doctor stated that, if a cretin woman have a child whose father is not a cretin, the child is never a cretin, taking after the father; and that in his opinion, *mind and intellect are always transmitted by the father, never by the mother.* He mentioned a family of mathematicians in Basle, who were distinguished for mathematical talent for several generations, although the mothers, in several instances, were weak-minded females; he also mentioned the Munroe family in Edinburgh, as cases in point. He said that Schiller, Hufeland, and other distinguished literary men, had feeble-minded children, because their brains were overworked, and their nervous energies exhausted by study. The Doctor also showed me several casts of cretin heads which certainly did not sustain his theory of good development.

Some resembled the heads of the Carib Indians, flattened and greatly elongated; some were hydrocephalic (one contained 18 lbs. of water after death, aged 22), still the faculties were tolerably good to the last; some resembled the negro type: and not one was symmetrical or well developed. I may remark that in every cretin I have examined, I have found the capillary circulation very sluggish, the skin cool and clammy, and of a blue colour, the pulse slow, feeble, and languid, and every function torpid.

After showing me photographs of all the remarkable cases, in which he has met with much success, and related their histories, he presented me copies of his various publications on cretinism, and showed me over the building and grounds; the doctor then accompanied me some distance down the mountain, and bade me adieu.

After such attentions, it certainly would be very ungracious and ungrateful for me to criticise Dr. G. very severely, or pretend to sit in judgment on the various charges brought against him. I will however, add, that I have carefully read all I have seen alleged, and doubt very much whether the charges ought to have quite as much weight as some suppose. The institution is evidently run down, and is not what it once was; there is not an adequate corps of teachers; the Doctor is absent some weeks during every year, for which I can hardly blame him, considering his twenty years of isolation on the top of that lonely mountain. He solicits donations from the benevolent and the wealthy, which he has a good right to do, if the funds are honestly appropriated, which can hardly be doubted. There is certainly room for great abuses, where an institution is managed in the way Dr. G.'s is; but his past history, the entire devotion of his life to this one purpose, of proving the curability of cretinism, and that under circumstances of a disagreeable nature, requiring great personal sacrifices, and not a few hardships and trials —all this ought to furnish a satisfactory guarantee that his motives are good, and his intentions and purposes honest and laudable. That he is an enthusiast, is true, and his statements, perhaps, must sometimes be taken with some allowance, as they always must in such cases; but that there is intentional deception I cannot believe. If we can ever judge from appearances, I should say that Dr. G. is a humane, benevolent, candid, honest, Christian gentleman; and I believe his name will go down to posterity as a true benefactor of the race, and a sincere friend of humanity.—'American Medical Times.'

LOSS OF SIGHT FROM DECAYED TEETH.

By H. T. Kempton, F.L.S.

Some time back I had the honour of reading a paper before the members of this College upon the subject of certain sympathetic nervous affections, dependent upon diseased teeth. Amongst other examples I mentioned some in which the function of vision had been more or less deranged in consequence of the presence of carious teeth. In one of these the eye affection had lasted for fourteen years, accompanied with pain, vascularity of the parts, a continual flow of tears, and intolerance of light. A carious tooth was extracted from the upper jaw on the same side as that on which the diseased eye was situated, when the symptoms began to subside, and soon entirely disappeared.

In another, a lady had suffered for some time from defective vision which had been variously regarded by different surgeons, when upon consulting Dr. Tierlinck, he referred the existence of the eye affection to the presence of the decayed stump of a tooth, but whether in the upper or lower jaw the report does not say—the removal of the stump, however, afforded immediate relief.

In a case which occurred at the Westminster Ophthalmic Hospital, a man had had total blindness in the right eye of eight months' duration. The second molar on the right side of the upper jaw was much decayed; this was removed; in two days the man could see, though not very clearly, but in the course of a few days vision was restored.

In a fourth case strabismus had existed for three years, and for a fortnight there had been a falling off of the upper eyelids. Two decayed molar teeth were extracted from the left side of the upper jaw. This produced a marked improvement, and in about a month the falling off of the eyelids disappeared, and the strabismus had much improved.

I have referred to these examples by way of introducing the following case which came under my care about three weeks ago.

The patient was a gentleman, aged forty-two, of a highly nervous temperament. At the time he first visited me he was suffering from pain extending over both sides of the head and face incapacitating him from attending to his profession, and depriving him of rest at night. The sight of both eyes was affected, but more particularly that of the right. The patient had been under treatment since June last. On examining the mouth I found there was extensive inflammation on both sides of the lower jaw owing to the presence of two decayed teeth. On the right side the first molar was considerably decayed and the pulp cavity exposed, so that on introducing a small instrument it gave rise to a violent paroxysm of pain. The tooth was somewhat loose in its socket, owing to the inflammation having extended to the periosteum. Subsequently, upon extracting this tooth I found a small sack filled with pus attached to the fangs. On the opposite side, the second molar was in much the same state, but the inflammation not so acute.

In the upper jaw all the teeth were sound.

In consequence of the pains about the head and face, I extracted the two decayed molar teeth in the lower jaw. This proceeding, not only afforded relief to the patient's sufferings, but was afterwards attended by such a marked improvement in the power of vision, that there can be no reasonable doubt, that the teeth had been the primary source of the eye affection. The history of the case will, however, be best understood from the following account given me by the patient himself.

"It may be necessary to remark that for some months previous to becoming a sufferer from tooth-ache, I had worked hard at mental employment and my nervous system was in a very sensitive and excitable state. My lower limbs particularly felt as if they were *partially* paralysed, or rather I should say that when at all tired I was to some extent unable to control them.

"In May last I visited the North of England, and while there suffered severely from what I then believed to be tiedoloreux, but now concluded to have been tooth-ache. It commenced on the left side of the lower jaw, doubtless from the pressure of the wisdom tooth upon the decayed tooth lately extracted. The pain I endured was excruciating, and was not confined to the lower jaw, but spread entirely round the face, and was at times acute in the ears and about the temples.

"On returning to London, I suffered greatly from pains in the teeth on both sides of the lower jaw, but found that the right ear and temple were more affected thereby than those on the opposite side.

"At length, about October 14th, I suddenly found that the sight of my right eye was all but gone. Attributing this to cold, I, as I now believe, very improperly, applied a warm poultice over night. On the following morning I found my sight by no means better, and after foolishly dallying for a week or more, was advised by a friend to go to the Ophthalmic Hospital, which I did, and explained to the surgeon, Mr. Jabez Hogg, that I had been suffering from tooth-ache as I have previously described. He at once prescribed for me, and said that if I valued the sight of my eye, the offending tooth must come out. I accordingly went to a dentist to whom I had been recommended, and told him that I must leave him to judge which tooth it was, as owing to the general pain in the teeth in the locality (the right side of the lower jaw) I really could not fix upon it. He selected the wisdom tooth, which Mr. Hogg subsequently told me was the wrong one, and pointed out the tooth afterwards extracted by yourself, as the source of my sufferings. Under the skilful treatment of Mr. Hogg, the sight of my eye has been, and is gradually improving, but there are one or two points, which, although doubtless well understood by Ophthalmic surgeons, have seemed to me very curious.

"I observed that while by the improvement of the sight of the affected eye, I was enabled dimly to distinguish the furniture and windows of a room—the fire, which I should have thought would have been the clearest object of all was quite invisible, and simply conveyed the impression of a black space. While this was the case, I could nevertheless faintly distinguish the smoke ascending the chimney. As the vision continued to improve, I was gradually enabled to see the light proceeding from the fire—although the absolute heated coals and flame were still invisible to me. These, together with gas-lights and the flames of candles are now becoming distinguishable.

"I may further observe, that on closing the eye, while it was yet all but insensible to external objects, I could see various beautiful patterns consisting of numerous combinations of gold or orange coloured carved lines on a dark ground.

"As the sight gradually improved, these patterns became replaced by stars of a like colour on a similar dark ground—and finally both patterns and stars disappeared."

In conclusion, I would merely remark, that I have been induced to call your attention to the history of the case I have just narrated, because of the extreme rarity of these affections of the organs of vision being traced to diseased teeth, and whereas in those which I referred to in my former paper, the diseased teeth were situated in the upper jaw; in the present instance they consist of two decayed molar teeth placed one on either side of the lower jaw.—'The Dental Review' for January.

Improved Treatment of Lunatics in India.—In 1860, an attempt was first made to teach the patients of the Dacca asylum. Bengalee books, and educational prints are used, and the success has been gratifying. In the evening, native music and games reward the good behaviour of the day. The result of this, combined with other measures for their welfare, has been, that the mortality of the patients has been reduced from 25 to 6 per cent.

THE MEDICAL CIRCULAR.

WEDNESDAY, JANUARY 28, 1863.

MEDICAL FEES.

Dr. Gibbon has opened a new page in Medical History. Hitherto a Physician's fee has been considered an *honorarium*, a gift in which there was no recognition of legal obligation, a mere expression of honour, or gratitude, or benevolence, or custom, but in no wise a liquidation of a debt incurred for services rendered. Physicians have not liked this illusory method of requital. At one time, when there were no Physicians beyond the sound of Bow Bells, and their number could be easily counted on the fingers; when they were a nice little club, meeting at the Golden Pill in Warwick lane, or the Portico in Pall Mall, their services were in so much request, that the refusal to pay the customary fee was equivalent to placing one's self beyond the pale of medical advice. They were able to make laws among themselves, which bound the public inextricably to submission. Besides that, in the days when the custom of payment by fees originated among us, it prevailed also in the other learned professions, and the public recognised it without murmur or default.

The commercial spirit, however, gradually infused itself into our national dealings, and a new code of debtor and creditor was established. At the very time when the College of Physicians was founded, the trading spirit received a new and unwonted impulse, and thenceforward the commerce of the country grew with a rapidity before unknown in our annals.

More recently, the Physicians have become a numerous body, and no longer hold their licences exclusively from the authorities in Pall Mall. The Colleges of England and Ireland have sent their members to practice among the pushing, thriving, matter-of-fact people of our provincial towns, who have a great respect for law, and very little for anything in the nature of a pretence, however venerable or dignified. The Physicians have, in numberless instances, found it necessary to forego the custom of requiring payment in ready-money, or, as expressed more genteely, in fees, and have run accounts with their patients, acting in this, and in most other respects, as general practitioners.

Hence arose a state of uncertainty as to who or what was a Physician, and to the legal status of the order in a Court of Law. Many Physicians were deprived of a just remuneration for their services on the ground of custom, a position by no means agreeable to Practitioners who were compelled by the force of circumstances to allow their claims against their patients to take the form of an account.

The cry for a proper status in law became at last too strong for the College in Pall Mall to resist; and when the Medical Act was passed, it contained a clause giving Physicians, as well as other classes of Practitioners, the right to claim reasonable payment for their services.

Oddly enough, however, this right was made subject to any bye-laws the College of Physicians might choose to make on the subject; in other words, the positive enactment of an Act of Parliament was made subordinate to the special regulations of a Corporation. Such an anomaly seems to have forcibly impressed the mind of Baron Bramwell with a sense of its absurdity, for he is reported to have remarked sarcastically, in the course of the trial of the cause Gibbon *v.* Budd, that it was obvious the "Medical Act was not drawn up by a lawyer." The explanation of the matter is, that the College of Physicians were determined not to be bound by the Act, and, therefore, obtained the insertion of a clause which should enable them, if they pleased, to over-ride its provisions.

In the case to which we have referred, Dr. Gibbon sued the defendant, who was executor to an estate, for the recovery of 21*l.*, the amount of his fees as Physician for attendance on the testator of the estate. It was attempted to put the Doctor out of court by showing that the College of Physicians had, notwithstanding the Medical Act, deprived Physicians of the right of enforcing their fees in a Court of Law. It was proved, however,—what most of our readers hardly require to be told,—that the bye-law of the College applies only to Fellows of the College, and that Members and Licentiates are left to the enjoyment of their rights under the Act. Dr. Gibbon, therefore, obtained a verdict, subject to any future appeal on the point of law raised.

This case is interesting, so far as it settles the question of a Physician's fees. It was not required to convince us of the anomalous and bungling character of that piece of legislation called the Medical Act.

SERIOUS CHARGE OF PROCURING ABORTION.

Mr. Thomas, Surgeon, of Manchester, has been recently arraigned before the city magistrates of Manchester on three several charges of perjury in connexion with his evidence given at an inquiry before a coroner's jury with reference to the cause of death of a Mrs. Mary Ann Bell, widow of a respectable yeoman of Bassenthwaite. The deceased, it appears, had arrived at the Victoria station, Manchester, about midnight, where she was met by Mr. Thomas, and they went together to the Cathedral Hotel, kept by Mr. Betty, a bed-room having been prepared for the lady there by the direction of Mr. Thomas. This gentleman remained in the room with the lady a short time, and in the morning, about seven o'clock, Mrs. Bell rang her bell, ordered tea, and appeared to be in much pain. Mr. Thomas saw her again between nine and ten a.m., remained alone with her for about a quarter of an hour, the door being locked, and at the expiration of that time he opened the door, desired the chambermaid to call Mr. Betty, and announced that Mrs. Bell had died from epilepsy, which supervened whilst she was undergoing an examination for a disease of the womb. Mr. Thomas then saw the Coroner, explained the circumstances, and made a *post mortem* examination in company with Mr. Braddon, Surgeon of the Workhouse, when the lady was found to be pregnant with a fœtus about five or six months old. All the organs appeared healthy. At the inquest Mr. Thomas stated that the woman died from epilepsy, that there was a tumour in the stomach, and intense congestion of the brain. The lady had, on the day of her death, sent a telegraphic message addressed to a Dr. Steele, of Cockermouth, but there being no practitioner of that name in the town, it fell into the hands of Dr. Bell, who had been the lady's medical attendant. He, thinking the circumstances stated very remarkable, communicated with Mrs. Bell's solicitor; hence the second inquiry. The charge is, that Mr. Thomas was guilty of perjury in stating that there was a tumour in the stomach when there was none, and intense congestion of the brain, it being impossible that he could know such a fact if it existed, for the brain had not been examined. He had also stated that he had had no previous knowledge of the deceased, whereas it was proved that he had received from her three fees of 5*l.* each during the year, and had corresponded with her on several occasions.

SUMMARY OF THE WEEK.

ST. THOMAS'S HOSPITAL.

Since our last number, the Governors of this Hospital have assembled, and received the report of the Grand Committee. The philippics of the 'Times' seem to have shaken in some degree the tenacity of the Governors, who are obviously disposed to yield a part of their projects. How the question in issue will be ultimately decided it is impossible to say. We observe that the 'Times' itself is turning the controversy into a quibble. It sees no objection to a town hospital and a convalescent establishment; but there must not be two hospitals. "A rose by any other name would smell as sweet;" but let the sick public smell the rose: let us have the thing, and the 'Times' may call it what it pleases.

THE USE AND ABUSE OF GUANOS.

A curious controversy, and not less important than curious, has been carried on in the 'Times' relative to the best method of cultivating the soil, so as to preserve its original fertility in permanent vigour. The practice has been, for some years past, to manure the land with guano and other salts, as recommended by Liebig; but now an opinion is expressed that the constant use of such substances will infallibly exhaust the fertility of the soil, and in the course of years make our richest lands a wilderness. These writers think that less forcing would be better, and that the ordinary solid manures are the most efficient and useful agents. This question has a medical bearing upon the employment of town sewage in agriculture, about which there is so much talk at the present moment. Cannot some competent chemist examine this question in all its aspects, and give the public some reliable conclusions?

FEVER AT MANCHESTER.

There has been a bold attempt, on the part of some of our contemporaries, to infect the public with the belief that fever is raging at Manchester, and some of the other manufacturing towns, in consequence of the cotton famine. Dr. Buchanan, in his recent report, stated, unfortunately, that there were strong evidences in the sick-lists of Manchester, and in the wan and dejected looks of its operatives, that the diseases caused by famine were prevailing in that town. He gave figures in proof of his allegation. The "gobemouches" of the Medical Press accepted and exaggerated his statements. Now, it appears that Dr. Buchanan's statements as regards Manchester are incorrect. Mr. Turner and two other gentlemen have written to the 'Times' to contradict his assertions, and they have shown very clearly that, although there have been cases of fever at Manchester during the year, these have not been more than usually numerous; and during the last six months, when the pinch has been at the worst, the number of fever cases has undergone a considerable reduction. They also insist that the town is generally healthy, and that the operatives are not so pallid and sickly of aspect as Dr. Buchanan has described. There has, no doubt, been great exaggeration about this matter.

COTTAGE HOSPITALS.

The 'Lancet' has an article this week upon these useful institutions, and indulges, with characteristic ability for the sort of thing, in a column of veritable twaddle, intended as sage advice to provincial surgeons not to undertake operations they are unfit to perform. We hope the said provincial surgeons will treat the insult with the scorn it deserves. They are now too well educated to be looked down upon superciliously by the 'Lancet' scribes, not one of whom, we suspect, has performed an operation in his life. The article is altogether such a rare bit in the old-fashioned but never-worn-out canting style, that we cannot forbear to quote its concluding sentence:—

"Operations look very simple in description which are often very difficult in performance; and we therefore especially urge on all who may encourage and assist in the establishment and conduct of village hospitals, to remember that such institutions are intended to supplement, and not to supersede, the recognised hospitals, where physicians and surgeons constantly study their special departments of practice, and obtain opportunities of perfecting their knowledge, which the village practitioner cannot have, even if his diverse professional occupations allowed of his attention being directed to only one class of cases."

How rich this is! What a shocking thing for a Cottage Hospital Surgeon to undertake a great operation! Dear, dear, the 'Lancet' will go into fits when it finds that Mr. Napper or Dr. Davis has cut out an ovarian tumour, or excised a knee-joint, and with success, too! What impudent fellows they must be, even to attempt an operation that has been only done hitherto "in those recognised hospitals where physicians and surgeons constantly study their special departments of practice!" Mercy upon us! If we knew how to put a laugh into type we should certainly do it. You, General Practitioners, with your "diverse professional occupations" are only intended for, as Mr. Lawrence once said, the "minor exigencies" of surgery; so, if you dare to amputate a leg at the hip-joint, beware of the high disdain of the 'Lancet'! We knew that our contemporary was growing very *passè*, but the senility of this article surpasses our worst apprehensions.

CHLOROFORM.

The chloroform committee of the Royal Medical and Chirurgical Society, it seems has set to work in earnest, and in a practical manner, leaving on one side at present simply theoretic or visionary speculations as to the nature of anæsthesia, cardiac syncope, &c. The views of Dr. Richardson on "Apnœa" have been under consideration this week, and a large number of documentary facts as to chloroform have been examined. Dr. C. Kidd, who has written so much in our own pages on chloroform, and has collected the largest number of accidents from chloroform, has been under examination by the committee, especially by such members of it as Mr. Paget, Mr. Curling, Dr. Priestley, Mr. Prescott Hewett, so that some certain practical results may be looked forward to as to the administration of this powerful agent in midwifery, general surgery, eye surgery, convulsions of children, tetanus, &c., where now some doubts exist as to the safety of chloroform.

THE DEODORISATION OF SEWAGE.

Dr. Bishop, of Leeds, has lately described, at a meeting of the local magistrates of that town, a new plan devised by him for the deodorisation of sewage. Dr. Bishop wishes to abolish the use of water closets; his substitute is not, however, clearly explained. His basement substance for deodorising might be prepared for general use at about sixteen or eighteen shillings a ton, and he states that the gases extricated during the process when carried on within the house would not be offensive. This plan has already been tried at the Victoria Foundry, where the number of workmen employed is between four and five hundred; and one of the partners who was present at the meeting, highly eulogised its success. A committee was appointed to inquire into the feasibility of the plan, but there was a strong feeling that a sufficient sum of money should be expended at once to test its value practically. It is said that the commercial value of the manure produced would be from 35s. to 60s. a ton at least. We trust that Dr. Bishop's invention will prove as useful as is anticipated.

REVIEW OF THE PERIODICALS.

The 'British Medical Journal' (Jan. 17). Dr. Latham's lectures are continued. He treats this week of those affections of the "Heart," which are not organic. The variations of the pulse in connection with the nervous system are especially the subject of consideration. Dr. Daniel Noble, of Manchester, discusses certain "Pathological Distinctions in Cases of Diabetes." He cites cases, and proposes the question of the possibility of establishing pathological distinctions in cases of diabetes, according to their origin, causes, symptoms and curability.

The 'American Medical Times.' Dr. Detmold's lectures on "Military Surgery" are continued. Dr. Gonzolez Echeverria reports some interesting "Cases of Paraplegia;" and Dr. Henry N. Fisher contributes some remarks on "Army Diarrhœa."

The 'Glasgow Medical Journal.' (January). This Journal opens with an article by Dr. Robert Lee, giving a series of "Cases of Craniotomy." The author is well known as an advocate of this operation in certain cases of difficulty where other practitioners think that the forceps or turning might be advantageously employed. It is difficult to apply any general principles to a special case. Dr. W. R. Patrick contributes "Notes of Twenty Cases of Poisoning" from various substances. Dr. M'Call Anderson's papers on "Diseases of the Ear" are continued. "A Case of Acute Phthisis" with remarks, is a contribution from Dr. Leishman. We have quoted it. An interesting paper on the "Origin of Species" appears from the pen of Dr. Scouler. He gives a rapid sketch of the notions of the ancient pholosophers on the subject which contain the germ of most modern theories. He then describes the "development" hypothesis of De Maillet, which for the enlightenment of certain sceptics, we thus briefly reproduce.

"How living beings first appeared we are not informed. Be that as it may, the marine plants as they approached the shore became changed into trees, aquatic animals left on the land became terrestrial ones. When fishes were thrown on the land, by drying their scales they split up and became feathers, and their anterior and posterior fins became wings and feet. In like manner seals became changed into quadrupeds. He next collects evidence to prove that man was originally a fish, and finds evidences of the transition in the histories of mermaids and mermen. Here his credulity overleaps all bounds; he tells us that the Dutch sailors have captured a merman who spoke Dutch, and who was so much at his ease as to request a pipe of tobacco. This merman was a sailor who had fallen into the sea six years before, and had become covered with scales in consequence of the squamifying virtue of the sea. In all this there is nothing new; we have already found the retreat of the sea and the aquatic origin of man and the influence of external causes in Empedocles."

The theory of Robinet is more thorough, and as most modern speculators would say, more philosophic; for example:

"Nature is a single act which comprehends all phenomena, past, present, and future. All organic beings have such analogies as to show that they were formed on a single plan, presenting infinitely various gradations. This plan or prototype assumes all the endless forms under which being is manifested. Man is at the head of the scale, and he has in himself all the qualities of other beings as far as is compatible with the highest degree of perfection. Nature is constantly striving to realise this plan, which may be traced in the graduated scale of being. Every intermediate variation between man and the prototype is an attempt to form man. Every variation of the prototype is a study of the human form, which nature intends. This is the apprenticeship of nature, or the attempts of nature to form man. Man is the prototype, *plus* the result of all the combinations which the prototype has gained in passing through all the terms of universal progression. Strip man of all he has gained, and he is the original prototype. The prototype is an intellectual principle, which reveals itself in matter. A stone, an oak, and an ape are all variations of the prototype. All matter is organised, living and sentient.

"As a corollary to this hypothesis, Robinet of course denies the exitsence of species, except as logical abstractions. 'The law of continuity,' he says, 'prevails throughout the scale of beings, which constitutes a whole, infinitely graduated. Without any true lines of separation, there are only individuals, but no kingdoms, classes, genera, or species. There are only variations of a single prototype.' He concludes in the following confident tone. 'This truth has against it not merely the prejudice and stupidity of the vulgar; it has not only to contend with the intolerance of persecutors, who like a swarm of troublesome insects, infest the paths of genius, to disturb her sublime investigations, but it is not to be endured that naturalists should refuse to receive it.' "

Then we have the theories of Schelling, La Marck, Darwin, &c., who are scarcely more than copyists of their predecessors, with amendments and additions. Mr. Charles David Doig writes a short article on "Hare-Lip." "A Roundabout Paper" is described by its title. It is a running gibe on some of the minor morals of medical practitioners, the arts of getting a practice, keeping a practice, and drugging patients, with many lively remarks on the educational attempts of the Medical Council. Dr. Alston on "Sea Sickness" contains some useful observations.

The 'Lancet.' Dr. Fuller's lectures on "Gout and Rheumatism" are continued in the present number. Mr. Hilton's lectures on "Pain" give fresh illustrations of his practice from diseases about the sterno-clavicular region. Under the heading "Contributions to Anatomy," Dr. John Struthers gives an account of his researches on the "Supra-condyloid Process of the Human Arm," showing its comparative anatomy, and discussing some interesting questions in morphology. Mr. Thomas Carr Jackson reports a case of "Fibrous Tumour of the Upper Jaw" which he removed. A very severe case of "Comminuted Fracture of the Tibia and Fibula' which was treated so successfully by cold douching that the necessity of an amputation was avoided, is reported by Dr. Charles Chapman. The wound was attacked by maggots at one period, which were expelled by sprinkling the wound with calomel.

The 'Medical Times and Gazette.' Dr. Soelberg Wells contributes a lecture on "Strabismus." Dr Payne Cotton an article on the "Action of Certain Substances upon Phthisis." Sesqui-chloride of iron is the particular substance used in his experiments. It was given in twenty-five cases of uncomplicated phthisis; of these twelve improved greatly, five improved slightly, and eight experienced no relief. He thinks this remedy the best he has yet had recourse to. Mr. Manifold, surgeon to the 34th Regiment, reports a "Case of Gunshot Wound" of the left side of the face, which was "literally blown away." The hæmorrhage was arrested, the pieces of bone picked out, and the wound brought together. The case seemed to be doing well when the wound was attacked by maggots getting into the nose, antrum, and orbit. Ultimately the man did well. In a similar case treated in the West Indies by Dr. Chapman, and reported in the 'Lancet' (*Vide suprâ*) sprinkling calomel upon the wound was successful in getting rid of the maggots.

CASE OF ACUTE PHTHISIS, WITH REMARKS.

By William Leishman, M.D.
Dispensary Physician to the Royal Infirmary.

It is no part of my aim in publishing a narrative of the following case of acute or sub-acute, phthisis, to claim for it an attention which it does not merit. Similar examples have undoubtedly come under the observation of every physician of experience; but I think I may venture to hope that the details of such a case, proceeding as it did so rapidly to a fatal result, and in which a post-mortem examination, disclosing some interesting pathological results, was permitted, may not be altogether devoid of interest.

On the 17th of June I was hurriedly summoned to see a girl of seventeen, healthy in appearance, but a member of a highly strumous family, who had been suddenly attacked with profuse hæmoptysis. A professional friend, who had been called in before my arrival, having prescribed gallic acid, this was continued for twenty-four hours, but without checking the hæmorrhage. Over the whole of the lower lobe of the right lung, but especially in front, there was dulness on percussion, with large crepitation. The respiratory murmur was puerile over the right apex, and natural over the left. The pulse was rapid and bounding, affording an excellent example of what has been well named the "hæmorrhagic pulse." The face

was at times considerably flushed, and there was occasionally slight delirium. The following was then prescribed, all food being ordered to be given cold, with iced drinks:

℞ Pulv. Ergotæ recent, ʒii.;
Ft. infusio ex aqua ad, ℥xx.

Sig.—To be taken when cool, a wine-glassful every four hours.

Ice was also applied externally over what was supposed to be the site of the hæmorrhage, and under this treatment that alarming symptom gradually ceased. But not so the others. The pulse varied from 118 to 128, but never during the whole illness fell lower than 110. The skin was hot and the tongue brown in the centre; and taking these symptoms into account along with the delirium, and the fact that I had attended another member of the family in typhus fever a fortnight before, I began to fear that this serious complication was about to arise. A few days, however, sufficed to show that this fear was groundless, and that the acute symptoms were due to morbid changes which were going on in the substance of the lung. Various remedies, including digitalis, which was at one time supposed to have a specific effect in such cases, were now tried with a view to moderate the vascular excitement, but without success. The only medicine, indeed, which appeared to be of any use after the hæmorrhage had ceased, was the following simple prescription which was frequently alternated with other remedies, the result being invariably a return to it at the patient's own desire:—

℞ Acid. nitrici.;
Acid. hydrochlorici, aa gtts (or ♏), xxxvi.;
Infus. Quassiæ, ℥xx. M.

Sig.—Half a wine-glassful three or four times a day.

This appeared occasionally to have a slight effect on the pulse, but its beneficial action was most marked at a somewhat later stage of the disease, when the acute febrile symptoms assumed a hectic type and the sweating became both troublesome and exhausting.

For above five weeks the general symptoms and physical signs remained, with little variation, as described above. On applying the stethoscope about this time over the lower lobe of the right lung, I perceived what I at first imagined to be a change for the better; but this idea was soon dissipated by a more careful examination of the whole lung. I found, or thought I found, that the sound emitted on percussion was clearer, and the large crepitation much more indistinct. By and by I discovered that both the percussion and stethoscopic sounds over the *right apex* had come to resemble those which formally characterised the lower lobe on the same side, with the addition of what bore a close resemblance to a cavernous râle. I am inclined to think now, and especially for reasons which will appear in the sequel, that I was mistaken in supposing that the dulness over the lower lobe had decreased, and I may mention what in my opinion led me into error, as it may possibly be a not unfrequent cause of mistakes. After being once convinced of the absolute dulness of the right side, I was in the habit almost daily of comparing it with the clear resonance over the apex, in the hope of finding the dulness yield. But when the apex became dull the contrast was no longer so obvious, and I fancy I must have supposed that as the percussion sounds had come to harmonise so closely, that the base was about to return to the healthy standard, and not that the apex was rapidly deviating from it—a cause of error which, I repeat, may possibly mislead, especially in cases where the absolute dulness is slight, and where it is in consequence only to be perceived by comparison.

About this time a second, though slight, attack of hæmoptysis took place, which was followed in a few days with a marked increase of the hectic symptoms. The whole of the right lung seemed duller as compared with the left, and the sounds which were at first faintly cavernous now became only too distinct. At the same time crepitant râles were audible over the left apex.

On the 10th of August I was sent for in the evening, and found the patient on my arrival sitting up in bed, and breathing with the greatest difficulty. The dyspnœa was evidently in part due to flatulent distension of the stomach, and was much relieved by two doses of sulphuric ether with sal volatile. It was impossible to examine the chest minutely until the following morning; but, then the first tap of the finger disclosed what had occurred, as the region of the right apex, which had previously been dull, had become almost tympanitic on percussion, and the dyspnœa remained, although much relieved. As it would be tedious further to pursue the details of the case, I will only add that, during the few weeks which remained of life the disease seemed, as it were, to gain rapidity in its downward course, until nearly the whole of the tissue of both lungs was obviously affected. For a few days previous to death she slept a great deal, and would sometimes drop asleep in the middle of a meal; and it is worthy of remark, that from first to last her appetite was excellent, and the digestive powers apparently unimpaired. She died quietly on the evening of the 5th of September.

Sectio Cadaveris.—On opening the chest a large triangular portion of the right lung before, and another similar portion behind, were found adhering to the walls of the thorax; and traversing the chest between these two triangular regions was a firm diaphragm formed of strong adhesions, which thus converted the right pleural cavity into two parts, superior and inferior, the former being filled with air, and the latter with pus. Each of these communicated with a cavity in the substance of the lungs. The upper cavity, which contained air, communicated directly with a vomica by means of a ragged opening large enough to admit the point of the forefinger. The lower division contained from three to four pints of excessively fetid pus, and was lined throughout, as was also the cavity in the lung, with a thick pyogenic membrane. The lower cavity in the lung was entirely lined with this smooth, thick membrane, and had no other opening than that by means of which it communicated with the lower division of the pleural cavity. This opening, which would nearly admit the point of the little finger, was loosely plugged by a decolourised fibrinous clot. The left lung was studded with tubercle, but in a less advanced stage. The liver was enlarged, and that organ, as well as the kidneys, much congested.

Remarks.—I have already mentioned that the girl was a member of a highly strumous family. When she was eleven years of age, about six and a half years before her fatal illness, she had a slight attack of what seems from the description to have been hæmoptysis; but at that time she had no serious illness, and was indeed generally considered as the most healthy member of her family. I had seen her several times some months previous to her illness, and had treated her for amenorrhœa, and about this time her health appeared to be wavering. This, then, was probably a case where tubercle had existed in a latent state for several years, the embers of disease being fanned into flame by the first constitutional effect of a menstrual irregularity.

The post-mortem appearances are certainly interesting In the state of the upper cavity of the right pleura we find the obvious and expected cause of the sudden dyspnœa which occurred on the 10th of August. I rather think that so extensive a pneumothorax without permanent dyspnœa is rare. Dr. Gairdner, in his recent work on clinical medicine, says that pneumothorax is of more frequent occurrence than is generally supposed, and gives an interesting account of the manner in which nature fortifies herself against pneumothorax, by means of adhesive pleuritic inflammation. The opening was unusually large in this case, and was far from resembling what Dr. Gairdner considers the general rule in cases of non-tubercular pneumothorax, and describes as a *pin-hole* perforation.

It is, however, the state of matters in the lower of the two cavities which has appeared to me to be the most worthy of note. The part of the lung with which this cavity was in close relation, was, it will be remembered, the site of the original hæmorrhage; and there is room, I think, for some speculation as to the share which the cavity found after death had in inducing the fatal result. I regret much that I had no time to examine with care the walls of this cavity. The only important fact of which I was able to convince myself was, that it communicated with the pleural sac, and with that alone. I cannot, however, but admit the probability of its having at one time had the characteristics of an ordinary vomica, and been the source of the hæmorrhage through some communication, direct or indirect, with the bronchia. No doubt the issue which lined its walls was to all appearance nothing but the pyogenic membrane of a circumscribed abscess, but it does not follow that it had always been so. If we assume in theory that this cavity was the source of the hæmorrhage, and that it had at the date of the hæmoptysis more or less of a resemblance to an ordinary vomica, we can imagine it opening simultaneously, or nearly so, into the pleural sac and the air passages. Subsequently the latter communication may have become sealed up with lymph, after the blood in the sac had been acted on by the atmospheric air so as to cause the empyema. The decolorised clot had at the time been sufficient to check the hæmorrhage in the direction of the sac, but after death it was shrunken and lay loosely in the aperture. In the course of the rapid changes of which the lung was the seat, the bronchial opening or openings in the vomica became sealed up, and its internal surface continuous and apparently identical with the lining membrane of the lower division of the pleural sac, the whole constituting a large pus-forming cavity. Such, at least, appear to me to be the probable links which formed the chain of physiological changes.—'Glasgow Medical Journal.'

EAST GRINSTEAD GENERAL DISPENSARY.—PROPOSAL FOR A COTTAGE HOSPITAL.

The Quarterly Meeting of the Committee of Management was held on Thursday last, the 15th inst., the Hon. and Rev. Reginald W. Sackville-West in the chair. In addition to the ordinary business, a letter was read from Mitchell Henry, Esq., resigning in consequence of his retirement from the profession, the office of consulting surgeon, which he has held since the establishment of the charity. A vote of thanks having been passed to Mr. Henry for his valuable services, and for his kind contribution of five pounds towards a fund for the foundation of a Cottage Hospital, it was

unanimously resolved that Campbell De Morgan, Esq., F.R.S., one of the surgeons to the Middlesex Hospital, be appointed as his successor. The Secretary announced that a number of additional contributions had been received, since the annual meeting in October, from the Earl of Sheffield, R. Sharpe, Esq., Miss Whatley, A. E. Campbell, Esq., H. Hughes, Esq., &c. The attention of the committee was again especially directed to the importance of providing accommodation for a limited number of in-patients by the following remarks contained in Mr Henry's letter, which was ordered to be entered on the minutes:—"I enclose a trifling donation as the commencement of a fund for the establishment of a Cottage Hospital which is urgently required, and would afford vast benefit and comfort to a few of those poor creatures who have to come long distances for medicine and advice. I took the liberty of alluding to this subject at one of the annual meetings, and need now only say that the annual expense of a Cottage Hospital, such as would be necessary, is very small, whilst the benefits are incalculable. I am sure that a month would not elapse before such a shelter would be provided, if only the subscribers to the Dispensary could have their sympathies quickened by being brought into personal contact for a few hours, with the scenes of misery and suffering which daily attract the attention of your medical officers.—Sussex Advertiser.

GENERAL CORRESPONDENCE.

THE INHALATION OF CHLOROFORM.

To the Editor of the Medical Circular.

Dear Sir,—In the 'Circular' of January 14th, there was a paper on the inhalation of chloroform as a remedial agent, which interested me very much. Of its wonderful power in relieving tetanic spasm I can myself speak, having witnessed its effects in a case of lock-jaw, where, though as in the case mentioned by Dr. Dyer it did not prove successful in effecting a cure, yet it was of great service in alleviating the patient's sufferings, and caused his life to be prolonged beyond the time at which that disease usually proves fatal.

As the case may be interesting to some of your readers, and will serve to corroborate Dr. Dyer's statement, I send it to you.

I am, &c.,

William H. Crossley.

Maltby, Jan. 22, 1863.

Case.—On May 25, 1859, William Moorhouse, twenty-one, a farm-servant, was run over, going down a very steep hill, by a waggon loaded with corn, one wheel of which was locked. Besides a fractured thigh, one arm was dreadfully lacerated by the slipper on the locked wheel, so that the elbow-joint was opened. It was thought necessary to remove the injured limb, and accordingly, assisted by two friends, I amputated about the upper third of the arm, the patient being under the influence of chloroform. He progressed favourably for a fortnight. On June 7th, he complained of slight stiffness about the neck, which gradually increased until the 10th, when he was unable to swallow, and the least touch, or an attempt to speak, brought on violent spasm, so that he rested only on his heels and shoulders, the stump of his arm being forcibly thrown upwards with great pain. On that day, I thought I would try the effect of inhaling chloroform, and was delighted to find that, after inhaling it for a few minutes, the patient became perfectly easy, and could drink off a cup of beef-tea without the least spasm or discomfort. On repeating it again the next day, it was equally successful. Owing to the distance from my house, I was unable to go more than twice a-day, but morning and evening I caused him to inhale chloroform with the same result. I had great difficulty in persuading his mother, who nursed him, to administer the chloroform herself when I could not be there. My own opinion is, that if she would have done so whenever a spasm occurred, a more favourable termination might have resulted. He died on June 21st, a month after the accident, and fourteen days after the first symptoms of tetanus, which is six days later than what was usually considered the longest period in fatal cases.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

Tuesday, December 16.

Dr. Copland, President in the Chair

Dr. Carpenter's a drawing of
exitsence of species, e FIFTEEN POUNDS, REMOVED FROM A LIVE
continuity,' he says, ' DOG
constitutes a whole, this was exhibited in consequence of the sug-
separation, there a previous meeting by Mr. Spencer Wells, of
genera, or species. Teens from the human subject. The animal
moved the tumour was five years old, and
was narcotised with sulphuric ether in a few minutes. The splenic artery and fifteen other vessels were tied. Very little hæmorrhage occurred. The dog lived five days, and died from cold. The tumour consisted chiefly of coagula within a large cyst formed by the capsule of the spleen, probably originating in a kick; the gland itself was embedded in its upper part. Dr. Gibb remarked that Dr. Crisp and others had removed the healthy spleen from dogs, and there was no reason why the diseased organ should not be so also.

Dr. Gibb also exhibited a sketch of

PARALYSIS OF THE LARYNX AFTER DIPHTHERIA PERMITTING OF A VIEW OF THE BIFURCATION OF THE TRACHEA.

The patient was a man, aged thirty-three, who contracted diphtheria from his three children, one of whom died. He subsequently had more or less general paralysis, and possessed the nasal twang; fluids came through the nose; the limbs tottering; he was a little deaf, and had anæthesia of the fauces. There were ulcers on the tonsils and pharynx. The laryngoscope showed the larynx much expanded, the vocal cords completely relaxed, and the trachea seen throughout its length, terminating in the bifurcation, which was quite distinct. The tube above the left bronchus was bulged inwards. He recovered well.

Mr. Hutchinson inquired whether the patient's ocular accomodation was not also defective?

Dr. Gibb replied that it was, and that the man could only see objects held at considerable distances. In reply to another question, Dr. Gibb stated that in cases of operation for the removal of growths from the larynx he always prepared the patient by administering the bromide of ammonium. The dose used was from fifteen grains to a scruple every four hours for a day or two before the operation. It usually had the effect of inducing the patient to complain of numbness in his tongue and palate. It was, however, difficult to distinguish the irritability of the epiglottis.

Dr. Gibb also showed a

FIBRO-CELLULAR POLYPUS OF THE LARYNX, THE SIZE OF A PEA, SUCCESSFULLY REMOVED

from a gentlemen, aged forty-two, with dysphonia and hoarseness for ten years. He had had rubeola at twenty-four, pertussis at thirty, and variola at forty. The voice was a sort of a hoarse whisper and constrained, as if the trachea was tied. The laryngoscope showed this to depend upon a polypus, the size of a pea, growing immediately below the origin of the two vocal cords. This was removed with the most satisfactory results on December 10.

Mr. Hulke exhibited the

RIGHT HIP JOINT REMOVED FROM THE BODY OF A PATIENT WHO HAD RECENTLY DIED IN THE MIDDLESEX HOSPITAL,

where he had been many months, under Mr. Moore's care. He always lay on the left side, with the right thigh strongly flexed and adducted. Whether the joint was anchylosed was not positively determinable without chloroform; but the extreme suffering which the gentlest examination gave him rendered a slight mobility probable. Behind and below the great trochanter were two sinuses, which discharged a large quantity of pus. In August he was for a short time in Mr. Hulke's charge, who thinking suppuration was kept up by the presence of a sequestrum detained in the acetabulum, would have removed the upper end of the femur, had not surgical interference been forbidden by the enlarged state of the liver (at the post-mortem it was found to be lardaceous, and weighed seven lbs.) The preparation showed the femur acutely flexed on the pelvis, adducted and rotated inwards, so that the lesser trochanter was lying against the ilio-pectineal eminence. The head and neck of the femur were absent. The great trochanter covered in the acetabulum, and prevented the escape of several sequestra, which had been thrown off from the floor of this cavity and were floating upon, or lying embedded in granulation tissue. Some of these were thin films of bone, but two or three involved the whole thickness, and there were corresponding perforations which communicated with a large sub-periosteal sinus on the pelvic side of the innominatum. Outside the hip-joint were several sinuses which emptied into those below the great trochanter, and also communicated with other sinuses running into the pelvis along the tendon of the external obturator muscle, through this muscle and the fascia, closing the foramen ovale; along the tendon of the internal muscle of the same name, through the lesser sciatic foramen; and along the tendon of the iliacus internus muscle. Inside the pelvis these sinuses were connected with abscesses in the muscles just named. The muscular tissue was wasted and in an advanced stage of fibrous and fatty metamorphosis. The tendon of the iliacus internus contained a bony *plaque*, where it turned over the brim of the pelvis, and there was a second large piece of bone within a dense fibrous mass in the situation of the insertion of the pectinæus and adductor brevis muscles. The back of the femur in connection with the sinuses of outlet was studded with osteophytes. The formation of abscesses in the pelvis by the extension of suppuration from the hip-joint along the tendons is the interesting feature in this case. These abscesses were quite distinct from those caused by perforation of the acetabulum.

Mr. HULKE also showed a specimen of

OVARIAN CYST REMOVED BY OVARIOTOMY.

The specimen had, he said no special pathological interest, but he brought it forward because, as the case had ended fatally, he did not wish to come under the criticism sometimes made, that operators made public their successful cases, but concealed their fatal ones.

Mr. CALLENDER showed a specimen of

FRACTURE OF THE BASE OF THE SKULL.

The man from whom it had been removed had been under the care of Mr. Paget, in St. Bartholomew's, and had died with all the symptoms of severe concussion and fractured base on the eleventh day. During life, considerable quantities of clear fluid had escaped from his left ear. At the autopsy, a starred fracture was found passing across the foramen magnum, and in several directions into the adjacent bones. It crossed the internal auditory canal, and involved the aqueductus and hiatus Fallopii; it also crossed the course of the eighth pair of nerves. Nowhere was there any separation of the fractured portions, the injury consisting of a fissure without laceration of the dura mater. The latter point was of great importance, and was carefully made out both by Mr. Paget and himself. They felt quite certain that the fluid which escaped from the ear had not proceeded from within the skull, since the dura-matral investment of the bones was everywhere entire. It could, therefore, only be supposed that the fluid in question was the perilymph or liquor Cotunnii.

Mr. HUTCHINSON exhibited an

OVARIAN CYST WITH EXTRA-CYSTIC GROWTHS.

The specimen had been successfully removed by ovariotomy from a woman aged 65. Its peculiarity consisted in the development, external to the large cyst, of a considerable number of smaller ones, and also of numerous pedunculated solid growths. The solid growths looked like small masses of cauliflower buds, being developed in minute lobules. Under the microscope they showed numerous cells arranged after the pattern of glandular growths. They were quite solid and very firm. Some of the extra-cystic cysts were large enough to contain an egg, others much smaller, and within these, in many instances, were solid growths resembling those just described. During the operation, one of those cysts on the outer wall of the parent had, at first sight, been mistaken for an adherent coil of intestine, which it remarkably resembled in appearance. The tumour consisted chiefly of one large, thick-walled cyst, which contained a dark-brown dense fluid. At the back of the larger one numerous secondary cysts were found.

Mr. HUTCHINSON also showed a specimen of

DISEASE OF THE KNEE-JOINT.

It had been removed by amputation from a lad of seventeen, who had suffered relapses of inflammation for five or six years. Persevering attempts had been made to save the limb, and also to avoid resection of the joint, and the lad had been for more than a year under care in the London Hospital, with a few months interval at Margate. At one time he had greatly improved, and anchylosis was hoped for; but a relapse occurred, and indications of periostitis of the femur became developed. It was at length determined to excise the joint, and then amputate or otherwise, according to the state of things disclosed. This was done. On opening the joint, the ends of the bone were found completely denuded of cartilage, but every where covered by granulations, and firm and quite free from caries. Thin sections were now sawn from the ends of the femur and tibia, and in both bones above the epiphysal line (which was still represented by a thin layer of cartilage) a condition of extensive red softening was found. In the case of the femur it almost amounted to abscess, the soft cancellous bone being infiltrated with lymph, almost resembling pus. The epiphysis itself in each bone was hardened and whitish, the diseased condition commencing immediately above it. In both bones there was evidence of periostitis of the shaft beginning just above the epiphysis, and causing thickening of the membrane and the deposition of rough layers of new bone. Such being the condition of things, amputation was at once performed.

The lad made a good recovery.

OBSTETRICAL SOCIETY OF LONDON.

ANNUAL MEETING, WEDNESDAY, JANUARY 7TH, 1863.

DR. TYLER SMITH, President, in the Chair.

After the ordinary meeting, the business of the annual meeting commenced.

The Report of the Auditors of the accounts of the Treasurer for the year ending December 31st, 1862, was then read, from which it appeared that the balance in the hands of the Treasurer is 204*l.* 9s. 2d., and that during the year a sum of 400*l.* had been invested in the Funds in the names of the Trustees of the Society. The balance sheet read by the Secretary showed that the Society had received during the year 478*l.* 15s. as subscriptions from Fellows, and 48*l.* 9s. 3d. as proceeds of the sale of the "Transactions" of the Society.

Dr. GREENHALGH, in moving the adoption of the Report of the Auditors, alluded to the satisfactory condition of the funds, and also to the fact that the sum received during the past year in subscriptions exceeded that of any previous year, the respective amounts received during the years 1859, '60, '61, and '62, being 336*l.*, 413*l.*, 445*l.*, and 478*l.*; while a total sum of 100 guineas had been paid into the Society's hands in respect to the proceeds of the first three volumes of the Society's "Transactions." He also congratulated the Society on the promising condition of the library.

Dr. MEADOWS seconded the resolution, which was carried unanimously.

Dr. RICHARDS moved, and Mr. MITCHELL seconded, the following resolution, which was carried by acclamation:—

"That the best thanks of the Society be and are hereby given to the President and Officers of the Society for their services during the past year. That the best thanks of the Society be in an especial manner given to the retiring President, Dr. Tyler Smith, and to the retiring Honorary Secretary, Dr. Tanner: to Dr. Tyler Smith for the able and efficient manner in which he has presided over the meetings of the Society for the past two years; and to Dr. Tanner for his valuable and zealous services as Honorary Secretary from the commencement of the Society, four years ago, until the present time.

Dr. TYLER SMITH and Dr. TANNER respectively returned thanks.

The list of donations during the past year was read, from which it appeared that 605 volumes had been presented to the Society by Sir Charles Locock, Bart., Dr. Clay, of Manchester, and others.

The following gentlemen were elected Officers of the Society for the year 1863:—

Honorary President: Sir Charles Locock, Bart., M.D.—President: Dr. Oldham.—Vice-Presidents: Dr. J. Hall Davis, Dr. Druitt, Mr. Fergusson, Mr. Robert Hardey (Hull), Dr. G. Swayne (Bristol), and Dr. Tanner.—Treasurer: Dr. Barnes.—Honorary Secretaries: Dr. Graily Hewitt and Dr. Braxton Hicks.—Other Members of Council: Mr. H. Woodruffe Bailey (Thetford), Dr. Clay (Manchester), Dr. Wm. Fred. Cleveland, Dr. Chas. Drage (Hatfield), Dr. Gream, Dr. Greenhalgh, Mr. F. Seymour Haden, Dr. Harley, Mr. Isaac Harrinson (Reading), Mr. Henry James, Dr. J. C. Lengmore, Dr. Alfred Meadows, Dr. Madge, Mr. Joseph Thomas Mitchell, Dr. W. Tyler Smith, Mr. Fred. Symons (Oxford), Dr. Alfred Joseph Tapson, and James George Wilson (Glasgow).

The PRESIDENT then delivered the

ANNUAL ADDRESS.

The first point dwelt upon in the address was the financial and numerical prosperity of the Society. The success of the volume of "Transactions" for 1862 was then briefly referred to. The additions made to the library during the year, the unique value which would attach to a large collection of purely obstetrical works, and the need which existed for appointing a librarian, and making some arrangements which should render the books accessible to the Fellows, were next alluded to. The loss of Fellows by death during the year was stated to be unusually large, including the names of Dr. Metcalf Babington, Dr. Waller, Mr. Jessop, of Cheltenham, Mr. Smith, of Crawley, Mr. Rowland, of Wrexham, and others. The trials which had occurred during the year, in which persons practising midwifery were accused of malpraxis, were commented on, and especial notice was taken of the case of Mr. Robinson, convicted of manslaughter at the Central Criminal Court. It was shown that in many of these cases the charge of malpraxis arose out of the attendance of midwives in the first instance; and the anomaly that midwives, without any special training or qualification, are allowed to attend in cases often involving the question of life or death was commented on. The progress of ovariotomy during the year, and its evident connection with obstetric practice, were noticed. The recent discussion respecting the genealogy of the Chamberlens and the discovery of the forceps, was alluded to, and reasons were adduced for giving the merit to Mr. Peter Chamberlen, surgeon-accoucheur of the City of London, and the first of the family of whom we have any record. The address was concluded by the retiring President thanking the Society for the kind support he had received during his tenure of office.

OUR NOTE BOOK.

DIALYSIS: RESEARCHES OF M. ERNEST GUINET.

M. Ernest Guinet has just published an interesting paper on the phenomena of transport through porous bodies.

After a very brief analysis of Mr. Graham's researches, the author proceeds as follows:—

Having experienced certain difficulties in the use of vegetable parchment, I endeavoured to replace the dialyser by a porous vessel of pipeclay, such as are used for batteries, instead of which it would be better to use shallow vessels. I have repeated most of Mr. Graham's principal experiments, and have made some which appeared impossible with vegetable parchment.

The following are some of them:—

Solution of gum and sugar, in which is immersed a porous vessel containing pure water. At the expiration of twenty-four hours a

great part of the sugar has traversed the porous vessel, and is dissolved in water, which does not contain a trace of gum.

Solution of caramel and of bichromate of potass. The salt traverses the porous vessel alone; the separation is speedily effected. If a drop of the mixed solutions is allowed to fall on a porous vessel, a brown spot of caramel is obtained surrounded by a yellow one of bichromate, which shows the more rapid diffusion of the latter salt.

Cotton dissolved in ammoniacal solution of copper. The water in the porous vessel becomes blue from dissolving ammonical oxide of copper; the cotton remains on the outside. The evident object of this experiment is to get the cotton in a soluble modification; but as ammoniacal oxide of copper diffuses slowly, I must wait a month to obtain a result. It is clear that this experiment could not be made with vegetable parchment, which is acted on by the ammoniacal copper solvent.

Experiments were made in which water was replaced by other liquids, such as bisulphide of carbon and oil of turpentine.

The diffusibility of different crystalloids in bisulphide of carbon is by no means the same in all cases. Thus, if, iodine, sulphur, and naphthaline are dissolved in bisulphide, the two latter pass into a porous vessel full of pure bisulphide much sooner than the former.

If it might be permitted to venture an explanation of the unexpected phenomena discovered by Mr. Graham, it might be said that parchment-paper or porous vessels act as a kind of sieve, through which the more attenuated molecules pass more readily; for the colloids have generally a high equivalent and a considerable atomic volume. The opposite is the case with crystalloids; and the less diffusible of the crystalloids are those which correspond to the greatest atomic volume (taking for this the quotient of the atomic weight by the density which cannot be exact). Such is iodine, which is less diffusible than sulphur.—'Chemist and Druggist.'

PEPSINE.

This peculiar organic substance is one of the constituents of the gastric juice, and is supposed to play an important part in the function of digestion. The idea of using pepsine obtained from the stomachs of various animals, as a remedy in indigestion and stomach complaints, is not by any means new. Indeed, we thought it had long been exploded; but a notice in 'Galignani' of a communication recently received by the French Academy of Medicine, from Mr. Hogg, proves that it is still haunting some medical men.

Mr. Hogg states that when the stomach from debility or illness does not produce pepsine in sufficient quantity, the digestion is imperfect and painful. Hence he believes that pepsine, in the hands of the physician, resolves one of the most difficult problems of human physiology. He tells us that by mixing pure pepsine in a vessel with meat or other aliment the act of digestion is produced in precisely the same manner that it takes place in the stomach of a person in good health. "In the adminstration of pepsine," Mr. Hogg says, "medical men have experienced great difficulties, inasmuch as this substance, valuable as it is when freshly prepared, becomes entirely inert by exposure to the air. This is due to a kind of fermentation which takes place spontaneously, and which in a short time entirely destroys all the active principle." Powders, syrups, lozenges, wine, &c., have all been employed; but these forms of taking pepsine are open to many objections, for in all the pepsine is continually exposed to the action of the air. Another and decidedly the best form in which to administer this valuable remedy is in pills, formed as Mr. Hogg recommends, of a nucleus of pepsine immediately enclosed in a coating of sugar and balsam of tolu, which prevents any contact with the air. Pepsine will thus retain its virtues unchanged during a long period. Mr. Hogg, in conclusion, expresses his conviction that pepsine is destined to play a most important part among the newer remedies for the relief and cure of those numerous disorders generally classed under the heads of indigestion and stomach complaints.

The directions for preparing pepsine given in 'Galignani' are simply unintelligible; we therefore give M. Vogel's formula, from Cooley's 'Cyclopædia of Receipts':—Digest the glandular skin of a hog's stomach, cut into pieces, in cold water for twenty-four hours, then strain off the liquid portion, and repeat the maceration with fresh water; mix the liquors, and add to them dilute solution of acetate of lead; diffuse the precipitate through water, decompose it by a stream of sulphuretted hydrogen, again filter, gently evaporate the filtrate to a syrupy consistence, and add to it an excess of absolute alcohol; collect the bulky precipitate that gradually forms, and carefully dry it by exposure to dry air.—'Chemist and Druggist.'

The King and Queen's College of Physicians in Ireland, and the Title of "Doctor."—We understand that the University of Dublin, acting on the opinion of Sir Hugh Cairns and Dr. Twiss, is about instituting proceedings by which the right of the College of Physicians in Ireland to confer the title of "Doctor of Medecine," will be submitted to the decision of a competent legal tribunal.

LEGAL INTELLIGENCE.

COURT OF EXCHEQUER.

Wednesday, January 20th, 1863.

(*Sittings at Nisi Prius, at Guildhall before* Mr. Baron Bramwell, *and a Common Jury.*)

Gibbon *v.* Budd.

This was an action brought to recover the sum of 21*l.* as physician's fees. The defendant pleaded never indebted.

Mr. Serjeant Parry and Mr. H. T. Cole appeared for the plaintiff, and Mr. Dowdeswell and Mr. Shaw represented the defendant.

Although the facts of the case were not of much interest, a question of much importance in the medical profession arose during the trial. The plaintiff was a physician residing in Finsbury square, and the defendant was the executor of a Mr. Henry Budd, now deceased, formerly living at Albany Chambers, and 45 Piccadilly. According to the plaintiff's case, Mr. Budd, having met with an accident to his foot, consulted him upon the subject, as well with reference to his general health, which was much impaired. Mr. Budd died in January, 1862, upon which the plaintiff sent in his charges for attendance to his executors, who disputed the amount.

Mr. Dowdeswell, at the conclusion of the plaintiff's case, submitted that there was no case made out on the part of the plaintiff. Previous to the passing of the Medical Act, the 21st and 22nd Victoria, cap 90, sec. 31, the universal rule was that physicians were assumed to attend gratuitously, for which they expected an honorarium; they could not recover the amount of their charges for attendance unless there was a special contract. In the case of "Veitch *v.* Russell," 3, "Queen's Bench Reports" page 936, Lord Denman in delivering judgment said, "It must be assumed as clear that physicians and counsel usually performed their duties without having a legal title to remuneration. Such has been the general understanding. To prevent that from operating some express agreement must be shown, but in considering whether such an agreement existed we cannot lose sight of the general understanding." The Act of Parliament enacted that physicians registered under it might recover reasonable charges, subject to such bye-laws as might be passed by the College of Physicians. Now, the College of Physicians had passed a bye-law which directed that they should not recover, even if there was a contract, so that physicians were unable to recover under any circumstances.

Mr. Baron Bramwell.—You say that the Act of Parliament has merely put a further difficulty in the way of a physician's recovering the amount of his charges for attendance.

Mr. Dowdeswell replied in the affirmative, contending that such a course had been adopted for the purpose of rendering the payment of the physician's fee immediate.

Mr. Baron Bramwell.—I should think that the act was drawn up by a person who was no lawyer.

Mr. Cole pointed out that, although the Act of Parliament stated that the right of "Fellows and Members" of the College of Physicians to recover the amount of their charges should be subject to bye-laws to be drawn up by that body, the bye-law in question only referred to the Fellows, and not to the Members, and therefore did not apply to the present case.

Mr. Baron Bramwell.—Does not that give rise to a curious question, whether under the Act the College has a right to make a bye-law referring to one portion of their body only? I am sure I don't see any great magic in the word "physician," which should distinguish him from the general practitioners, so far as to prevent him recovering the amount of his charges. The Act states that all reasonable charges are to be recovered, which could not relate to charges to be made under a contract, and therefore it must be supposed that the intention of the Act was that the physician was to recover the charges for his attendance like any other professional man. If the statute meant merely to say that if registered you shall have a title to sue in cases where you could otherwise sue, it would have merely said "You may sue," in place of saying "You may recover reasonable charges." By the word "reasonable" being used in the place of the word "fixed charges, one would think that the act meant to take away the disability that physicians formerly laboured under. However, I think that there is sufficient difficulty to make it right to reserve the question, the difficulty of which is much increased by the manner in which the Act of Parliament is drawn up.

Mr. Dowdeswell observed that his client as executor felt it to be his duty to protect the estate by taking the opinion of the Court above upon the matter.

Mr. Sarjeant Parry.—Why your client is a legatee under the will to the extent of half a million. (Laughter.)

Mr. Dowdeswell then addressed the jury on behalf of the defendant, and observed that there was no proof beyond the plantiff's own word that he had attended upon deceased as a professional man. He should call witnesses who would prove that the deceased was a man of miserly disposition, who would not have thought of paying a physician a guinea a visit; that during the time Mr. Budd

was ill he was attended by other medical men; and that during a portion of the time when the alleged visits took place no medical attendant whatever saw him.

Several witnesses were called in support of the defendant's case.

The learned counsel having addressed the jury on behalf of their respective clients,

His Lordship, in summing up, left the jury to say whether in their opinion the plaintiff had established his case. Was the plaintiff attending the deceased as a professional man or as a friend?

The jury returned a verdict for the plaintiff for the amount claimed, leave being reserved to the defendant to move the court above as to the construction to be put upon the Medical Act.

Births, Marriages, and Deaths.

BIRTHS.

Brett.—On the 15th inst., at Lime-tree House, Watford, Herts, the wife of Alfred T. Brett, M.D., of a son.

Carter.—On the 15th inst., the wife of Albert P. Carter, M.R.C.S.E., of London road, Gloucester, of a daughter.

Cox.—At Sydney, New South Wales, the wife of J. E. Cox, M.D., of a daughter.

Davidson.—On the 8th inst., at The Villa, Bedford, Northumberland, the wife of Dr. Davidson, of a daughter.

Graham.—On the 14th inst., at Lamberhurst, Kent, the wife of Thomas Hore Graham, M.R.C.S.E., of a son.

Graves.—On the 16th inst., at Barton street, Gloucester, the wife of Ryves W. Graves, F.R.C.S.E., of a son.

Griffith.—On the 14th inst., at St. John's place, New North road, the wife of J. Clewin Griffith, M.A., M.R.C.S.E., of a son.

Paterson.—On the 16th inst., at Rosevale, Patrick, Glasgow, the wife of James Paterson, M.D., of a daughter.

Read.—On the 15th inst, at Garry bank, Sydenham, the wife of Reginald Bligh Read, M.R.C.S.E., of a son.

MARRIAGES.

Davenport—Liedon.—On the 14th inst., at Christchurch, Clifton, C. J. Davenport, M.D., to Katharine, second daughter of Capt. Liddon, R.N.

Davies—Richards.—On the 1st inst., at Southwark, Thos. G. D. Davies, L.R.C.P.Ed., of Bartlett's buildings, Holborn, to Emma, eldest daughter of C. Richards, Esq.

Dickson—Collin.—On the 14th inst., at Cambridge, Walter Dickson, M.D., R.N., to Susan, younger daughter of Wm. Collin, Esq., of Cambridge.

Edie—Moncrieff.—On the 20th inst., at Perth, R. Edie, M.D., to Robina S. Moncrieff, only child of the late Major J. W. Moncrieff, H.E.I.Co.'s Service.

Hammond—Burroughs.—On the 15th inst., at Ipswich, C. W. Hammond, M.D., to Emily, only child of T. D'E. Burroughs, Esq., of Ipswich.

Hammond—Hacon.—On the 14th inst., at Aldborough, Samuel Hammond, L.R.C.P.Ed., of Haslemoor, Surrey, to Frances Theresa, younger daughter of the late Richard Hacon, Surgeon, of Aldborough.

O'Brien—M'Gowan.—On the 14th inst., W. Creagh O'Brien, M.D., to Jane Forth, only daughter of Neville M'Gowan, Esq., of Blackrock, Co. Dublin.

Trenholme—Hedge.—On the 34th ult., at Montreal, Edward H. Trenholme, M.D., to Miss Sarah A. Hedge.

White—Lloyd.—On the 10th inst., at Adbaston, Staffordshire, R. H. White, Surgeon, of Doncaster, to Anne Elizabeth, eldest daughter of the Rev. F. B. Lloyd, D.D.

DEATHS.

Burman.—On the 8th inst., H. Burman, L.S.A., of Ketton, near Stamford, Lincolnshire, aged 56.

Briggs.—On the 10th inst., at Maesteg, Glamorganshire, J. Briggs, M.R.C.S.E., aged 33.

Earnshaw.—On the 20th inst., J. Earnshaw, M.R.C.S.E., of Oldham, Lancashire, aged 51.

Gardiner.—On the 17th inst., at St. Leonards-on-Sea, Roger Gilbert Cooper Gardiner, F.R.C.S.E., aged 50.

Knowles.—On the 4th inst., S. Knowles, Surgeon, of Hooley hill, near Ashton-under-Lyme, aged 54.

Lane.—On the 16th inst., at Blackrock, Co. Dublin, T. Lane, M.D., late of Wexford, aged 86.

Marshall.—On the 20th ult., Elizabeth, wife of T. Harrison Marshall, M.R.C.S. Lond., of Chard, Somerset, and third daughter of the late Charles Michelmoor, Esq., of Totnes, Devon, aged 35.

Richardson.—On the 10th inst., at Queen street, Stirling, James Richardson, Surgeon, formerly of Glasgow.

Ritchie.—On the 9th inst., John Ritchie, L.R.C.S.Ed., of Tean, Cheadle, Staffordshire.

Robertson.—On the 17th of Nov., at Woodside, Paramatta, New South Wales, J. Robertson, M.D., aged 40.

Ross.—On the 2nd of Nov., at Sydney, New South Wales, the Rev. R. Ross, M.D.

Stuckey.—On the 12th inst., H. Stuckey, M.R.C.S.E., of Wellclose square, aged 36.

Sykes.—On the 12th inst., at New Swindon, Wilts, John Sykes, Esq., late of Leeds, formerly Assistant-Surgeon to the Leeds General Infirmary, aged 74.

MEDICAL NEWS.

Royal College of Surgeons of England.—The following gentlemen, having undergone the necessary examinations for the diploma were admitted Members of the College at the meeting of the Court of Examiners on the 20th inst:—Thomas Franklin Baker, Doncaster; William Arthur Bracey, Birmingham; Wm. Matthews Bobart, Ashby de la Zouch; Isaac Baker Brown, Connaught square; Edward Chandler, L.R.C.P. Lond, Chester place, Kennington; Arthur John Graham Cross, New street, Spring Gardens; George Hurlstone Elliott, Chichester; Edward Ellis, M.D. St. Andrew's, Fitzroy street; John Blount Fry, Edgbaston, near Birmingham; James Lattey, Upper Phillimore gardens; Archibald Megget, Scarborough; John Mottershead, L.S.A., Macclesfield; Edwad Benjamin Randell, Carshalton; James Dixon Roberts, Shipley, near Leeds; John James Saville, Sunderland; Philip John Simpson, Gower street; Thomas Smallhorn, Dublin; Charles Spurway, Tiverton, Devon; John Wilkins Williams, Paddington; Joseph Wilies, Brighton; John Wilson, Musselburgh; Eltham Wood, M.D., Toronto, Toronto.

The following gentlemen were admitted Members on the 21st inst.:—Alfred Agassiz, Bradfield, Essex; Thomas Lewis Brittain, M.D., Edin., Edinburgh; James Bruce, Islington; Charles Adams Buckmaster, Piccadilly; Henry Cartmel, Manchester; Frederick Robert Clarkson, Leeds; Thomas Lawson Craister, Leeds; John Davies, Coleshill, Warwickshire; Robert Hay, M.D. Queen's University, Ireland, Belfast; Thomas Leigh, Chiswick; Albert Meeres, Thame, Oxfordshire; George Albert Miskin, M.D. St. Andrew's, York road, Lambeth; Thomas Cargill Nesham, Newcastle; Henry Albert Pattinson, Penrith, Cumberland; Samuel Rains, Manchester; John Reddrop, Tiverton, Devon; Henry Ebenezer Richards, M.D. St. Andrew's, Sloane street; William Row, Clapham road; George Pearse Surgent, M.D. St. Andrew's, Camberwell; Robert Sidney Stone, Bath; Richard Thorne Thorne, Leamington; Arthur Newman Turner, Bermondsey square; Alfred Wadsworth, Leeds; Samuel Edward Walker, Warwick; William Montague Hall Welby, L.S.A., Newark, Notts; George Vint Wright, M.D. Edin. Edinburgh.

Naval Surgeons.—The following gentlemen passed their examinations for Naval Surgeons at a meeting of the Court of Examiners of the College on the 20th inst.:—Thomas Dunlop Allison, M.D.; diploma of Membership dated June 25, 1858; Thomas Williams Hughes, June 13, 1856; Patrick Keelan, of H.M.'s Ship 'Neptune'; Nov. 4, 1858; Wm. Roche, of the Royal Naval Hospital, Plymouth, May 24, 1858.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 15th inst.:—George Stokoe Elliot, Southwell, Notts; Edward Leeds, Stretford, near Manchester; Benj. Whitehead Parker, Farrington, near Preston, Lancashire; John Reynolds, St. Bartholomew's Hospital; Henry Corpe Selwood, the Hospital, Birkenhead; George Eugene Yarrow, Central street, E. C.

The following gentleman also on the same day passed his first examination:—Carey Pearce Coombs, St Mary's Hospital.

The College of Physicians.—The Croonian, Lumleian, and Gulstonian Lectures will be given this year by Drs. Risdon, Bennett, King Chambers, and Pavy.

Impure Vaccine Lymph.—The death of a child in London is reported in the last return of the Registrar-General to have occurred from this source.

University of Cambridge.—Dr. Humphry resumed his course of lectures on Human Anatomy and Physiology on Tuesday last, to be continued on Tuesdays, Thursdays, and Saturdays throughout the term.

Bequests.—The late T. A. Venables, Esq., has left the following bequests to the Worcester medical institutions:—The Infirmary, 1000*l.*; the Dispensary, 500*l.*; and the Ophthalmic Institution, 100*l.*

North Staffordshire Infirmary.—A special meeting of governors was held at Stoke-upon-Trent, on the 16th instant. About 100 gentlemen were present. The proceedings lasted nearly seven hours, and ended not only in the virtual abrogation of all the measures taken during the last eighteen months, with the view to the erection of a new infirmary, but also in the resignation of the president and several members of the committee.

The College Lectures.—Professor Huxley, F.R.S., will commence his course on "Comparative Anatomy," in the theatre of the College, on Tuesday, February 17, at 4 o'clock, when he will deliver an inaugural lecture on the "Skeleton of a *Glyptodon*," recently presented to the Museum of the Royal College of Surgeons by Senor Don Maximo Terrero. The lectures will be delivered on Tuesday, Thursday, and Saturday, at 4 o'clock.

A Royal Acknowledgment.—Mr. Grove, the Medical student who was fortunate enough to render assistance to her Royal Highness the Princess of Hesse when she was thrown from her carriage in the Isle of Wight a few weeks since, has been presented with a valuable memento of the adventure—consisting of a gold pin and a set of studs.

DORSET COUNTY LUNATIC ASYLUM.—The Building Committe have invited tenders for the execution of the various engineering works connected with the asylum. The sum of 36,000*l.*, which has already been raised for the erection of this asylum at Charminster, being insufficient for the due completion of the building, the visiting justices have devoted a further sum of 5000*l.* for the purpose, which will also include the furnishing of the establishment. As soon as the patients are removed to the new building, the present asylum at Forston will be sold.

APPOINTMENTS FOR THE WEEK.

Wednesday, January 28.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Hunterian Society, 8 p.m—Dr. M'Donnell, "On a Case of Disease of the Knee-joint, with Abscess and Necrosis of the Tibia."

Thursday, January 29.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m. Prof. Frankland, "On Chemistry. Chemical Affinity."

Friday, January 30.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Royal Institution, 8 p.m.—His Eminence Cardinal Wiseman, "On the Points of Contact between Science and Art.

Saturday, January 31.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m. Mr. W. S. Savory, "On Life and Death."

Monday, February 2.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.; Medical Society of London, 8½ p.m.

Tuesday, February 3.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.; Royal Institution, 3 p.m.—Prof. Marshall, "On Animal Mechanics." Pathological Society, 8 p.m.

BOOKS RECEIVED FOR REVIEW.

On the Nature and Treatment of Gout and Rheumatic Gout. By Dr. A. B. Garrod. Second Edition. London: Walton and Maberly, Upper Gower street.

The Minute Anatomy and Physiology of the Nervous System in the Lobster. By Dr. T. S. Coulston.

On Stricture, Retention of Urine, Stone in the Bladder, &c., being Part IV. of Clinical Surgery. By T. Bryant, Esq., F.R.C.S. London: John Churchill.

NOTICES TO CORRESPONDENTS.

MEDICUS.—Mercury has frequently been exhibited in very large doses without any evil consequences. In cholera and similar diseases of low vital power it has been often given in scruple doses, frequently repeated; but also in fevers and serous inflammation, large doses have been sometimes administered and found beneficial. Dr. Fuller's case is not un unusual one; the quantity given was large in the aggregate, but the separate doses were not larger than ordinary.

Mr. WILLIAM B.—It would be a sufficient qualification.

A READER.—The Sarracenia Purpurea is a very doubtful remedy: we have no experience of it. The use of it was derived from a squaw of the Mic-mac Indians of North America. The root is said to be the most efficacious part of the plant.

A SUBSCRIBER.—The case of "poisoning by laudanum" is related at too great length, and does not appear to have exhibited any novelty; we, therefore, decline its insertion.

To the Editor of the Medical Circular.

SIR,—I perceive in to-day's CIRCULAR, you mention the institution I conduct; it is the London Galvanic Hospital, Mortimer street, Cavendish square, open on Mondays, Wednesdays, and Fridays, from two till four. I need hardly add I shall only be too glad to afford every facility to any of my professional brethren who will do me the honour of attending. I am, &c.,

70 Brook street, January 21. HARRY LOBB.

Mr. CROSSLEY (Maltby).—Communication received and inserted.

A CONSTANT READER.—Dr. Steggall, of Southampton street, Bloomsbury.

CARBOLIC ACID.

To the Editor of the Medical Circular.

SIR,—It would be very desirable if your correspondents would, when sending you communications on any subject, be sure *what* they write about, as the fact is by no means infrequent, that much that is recorded, is either erroneous or altogether "bosh." I am led to these remarks from a paper which appeared in your columns of 17th Dec. last, by Dr. Godfrey, on the virtues and uses of carbolic acid, and certainly could the highly useful character which he gives of this new preparation be realised, it would be an undoubted benefit. Desirous to prove the same, I obtained a specimen of pure acid, with the characters, to appearance, as the Dr. describes, but I find it not only *not* soluble in water in the proportion stated and therefore, in this respect, inapplicable for medical or surgical purposes, but likewise as to taste, instead of being "like unripe fruit," it is pungent and disagreeable, I hope the Dr. will be kind enough to enlighten us a little further on the subject, as such a useful agent as he declares the acid to be, should not be sacrificed to an imperfect knowledge of the correct treatment *secund. art.* I remain, &c.,

A. TWEEDIE.

Mr. FORSAYTH.—If our correspondent writes to Baillière, he will, no doubt provide him with the information he requires.

Dr. GRAILY HEWITT.—Received with thanks.

Mr. A. BOYER BROWN informs us that there will be no operations at the London Surgical Home next Thursday, as they are moving into their new houses.

MR. MARSHALL (Chard).—Received and inserted.

DR. LEISHMAN'S note has been received. The January number has come to hand.

BALL IN GARIBALDI'S FOOT.

To the Editor of the Medical Circular.

SIR,—I was much astonished to observe in your valuable journal, dated 21st, a statement—contradictory to all statements—read, and received as authentic by the public and profession at large, viz., that Mr. Partridge has never had a fair opportunity of making a personal examination of Garibaldi's foot, but was obliged to content himself with the statements of others. This being the case, will Mr. Partridge kindly state the nature of the hindrances preventing him from making a proper examination. This, in my opinion, ought to be openly and candidly set forth, for I maintain that it is most unjust that Mr. Partridge should have his professional character damaged, as it now stands before the public, and indeed the medical profession, without giving him an opportunity of vindicating himself. Let Mr. Partridge, therefore, come honestly and candidly forward, and state in your journal, and indeed in other journals, the facts connected with the supposed failure in the diagnosis of the foreign substance in the unfortunate Garibaldi's foot. I am, personally speaking, a stranger to Mr. Partridge, nevertheless I do trust he may be enabled to explain away the supposed unsuccess of his double journey. I may add should this statement be incorrect, it is highly unfair to all other parties by whom Garibaldi has been medically attended, therefore it is all the more desirable that Mr. Partridge should state most clearly and lucidly all facts connected with this unfortunate case.

I am, Sir,

Kew, Jan. 22, 1863. ANDREW HENDERSON, M.R.C.S.

Mr. BLACK.—Certainly.

H. S.—Nothing can be done under the circumstances, but to submit to the loss. You cannot claim upon the estate unless you can prove a partnership. No doubt you have been swindled—under cover of law.

CHIRURGUS (Luton).—Both are necessary.

Chlorodyne.—R. Freeman, Pharmaceutist, Kennington road, London, S., informs the Profession and Trade that he has FOR YEARS MADE, and extensively supplied Chlorodyne—in one-ounce and four-ounce stoppered bottles, at 1s. 6d. and 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he is glad to find that the low price at which he sells it allows the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects are enjoyed by the poorest sufferers. Sold by F. NEWBERY and SONS, St. Paul's Churchyard, and all Wholesale Druggists.

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J. L. BRADSHAW, late Shoolbred and Bradshaw, 34 JERMYN STREET, begs to call attention to the various improvements in Patent ELASTIC STOCKINGS, BELTS, KNEE-CAPS, SOCKS, and Ladies' and Gentlemen's SPINE SUPPORTERS. A new Description of BELT, invaluable for prevention of Cholera, and the cure of Rheumatism, Lumbago, &c.—N.B. Every description of INDIA RUBBER BANDAGE, vulcanized on the newest principle. Directions for measurement sent by post.—N.B. A liberal Discount to the Profession. A female to attend on Ladies.

ANNUAL MEETING OF THE ACADEMY OF MEDICINE OF PARIS.

Panegyric of Thénard—Prizes awarded—Colic caused by the use of Cider—Incarcerated Hernia cured by the Tobacco-Enema—Horny Excrescences—Chances of Tracheotomy in Infancy.

It is but proper in this first article devoted to professional transactions of immediate interest, to notice the public meeting which closes each year the session of the Academy of Medicine. The perpetual Secretary delivered on this occasion a genuine eulogy, and was recompensed by warm and unanimous congratulations. Departing from his former habits of posthumous invective, Mr. F. Dubois bestowed unreserved praise, and which often assumed the tones of admiration, on the illustrious colleague whose well-employed life has been deemed by him exceptionally deserving of encomium.

As a chemist, Thénard had many associates in his labours, and it is no easy task to discriminate with accuracy his personal share in researches in which he was aided by Gay-Lussac, Dulong, Biot, Roard, Darcet, and others. But this apportionment of merit and glory has after all but a secondary amount of importance, and Mr. Dubois ingeniously eluded the difficulty, and sank the question of persons in the wider consideration of scientific progress. He drew a sketch of the condition of chemistry at the time when Thénard first appeared on the stage, and described the rapid accumulation of the acquisitions of that science under the united influence of many investigators, pointing out at the same time the discoveries specially due to Thénard, and among others that of the binoxide of hydrogen, or oxygenated water, which has been applied, not without success, to the cure of unhealthy wounds.

We may quote, among the passages which were more specially approved of by the audience, the ingenious and true comparison established by the orator, between the professional talents of Thénard, of Fourcroy and Vanquelin, a parallel which abounds in pointed and unexpected contrasts.

"Mr. Thénard," said he, "supplies us in his person with the most complete and impressive type of the perfect professor.

" . . . Familiar with every kind of chemical manipulation, intimately conversant with his subject from long study, and confident in the excellence of his method, Thénard carried on simultaneously the exposition of his facts with their practical demonstrations, affording in his lectures the happiest combination of the *subjecta oculis* and the *demissa per aurem*. It was his wish that his experiments should accompany, not precede or follow, his verbal explanations; hence his somewhat testy impatience, and the impetuousness of his manner towards his assistants. It was easy to see that the Professor was thoroughly master of his theme, and he absolutely sported with questions which to others might have appeared difficult. Without neglecting the substance, he bestowed much attention on the form of his lectures, and in the polishing of his periods he seemed to find especial pleasure. His delivery was elaborate, and usually marked by a pompous and somewhat magniloquent elocution, as if in imitation of Fourcroy. But, in one day, who could hope to rival the speaker whom my predecessor justly calls the fascinating, the brilliant, the luminous Fourcroy? Fourcroy, a master in the art of framing a discourse, was a finished model of the most exquisite scholarship. Thénard's leading quality, on the contrary, was the broad humour of the old Gaul in its most varying, spontaneous, and unexpected outbursts.

"As a Professor, therefore, Thénard, doubtless, must be considered as inferior to Fourcroy; but he was immeasurably superior to his master, Vanquelin, who never bestowed a thought on the mere wording of his lectures.

"What a contrast between the two men! In Thénard, the eye, the hand, the entire figure, were equally eloquent, and his sonorous voice reverberated far beyond the doors of the vast amphitheatre. Vanquelin, on the contrary, ever calm, smiling, undisturbed, spoke in soft accents, which barely reached the lower benches of the lecture-room: he represented cold, empassive science, whereas Thénard was the living impersonation of its more ardent aspirations, especially when shaking his large and expressive head, he imparted, *ore rotundi*, new intonations to his voice, and vented his impatience on all around him, down to the substances used in the experiments which he would upbraid for their inactivity.

"Thénard's lectures were, therefore, emphatic and declamatory, perhaps somewhat theatrical; but even this was not entirely without advantage, and it was impossible to forget what he had once been heard to relate.

"Thénard, moreover, possessed the happy talent of adapting himself with ease to his audience, and the tone of his lectures varied according to his hearers. Thus, at the Polytechnic school, his language was strictly didactic, serious, correct and concise. In the halls of the Sorbonne, when addressing Students of Medicine, and candidates for the Bachelor's degree, he was at once classical and elementary. But at the College of France, frequented by many unprofessional persons, he felt entirely at his ease, and untrammelled by no programme of any kind, he gave full play to his powers, without detriment to the excellence of his tuition, and while courting the smiles of his audience, he yet preserved a perfectly dignified demeanour.

"Thénard was not one of those pedants who can never forget that they are professors, whether they speak before an academy, or join a political or a social meeting, and who are always ready with a lecture of an hour's duration. At the Academy, Mr. Thénard was invariably listened to with deference, because his language was entirely free from offensive assumption. His sound learning, courteous manner, and conciliating disposition secured for him a degree of influence and popularity which he preserved to the last; indeed, in his later years, a certain patriarchal tone pervaded his speeches, which went to the heart as well as to the minds of his hearers."

Mr. Dubois described in an equally felicitous manner the services rendered by Thénard in the management of the University, his private charities, and his noble Institutions of the *Mutual Benefit Society of the Friends of Science.* The origin of this society is well known; its object is to relieve the unobtrusive and often bitter misery of men of education, who, having devoted a life-time to scientific pursuits, yet remain in indigent circumstances. In creating and liberally endowing this excellent charity, and pointing it out to the sympathies of the affluent, Thénard bestowed a new family on these disinherited children of fortune. Mr. Dubois concluded his address with the following peroration, which was received with unanimous and repeated applause:—

"Each period of this long life was, therefore, marked by good works and useful labour. Mr. Thénard's persevering devotion to science had become touchingly blended with his love for mankind; and his kindness and serenity of soul invested his intercourse with others with an indescribable charm.

"Thénard might have said in the words ascribed by Cicero to the learned Isocrates, I cannot complain of old age, *et nihil habes quod accusem senectutam;* after a long succession of useful and honoured years, I now in my decline enjoy equally sweet and pleasant days.

"Thus, gentlemen, old age, often a melancholy period for literary men, may become for the scientific student the happiest and sweetest time of his life.

"Poets may die young, and even at the approach of death find sublime strains which are noted by posterity; like André Chénier, the poet may tune his lyre at the very foot of the scaffold, and if he must ascend its gory steps, the fatal platform becomes a pedestal which points him out more conspicuously to the undying admiration of future generations.

"When, on the contrary, death overtakes a young savant, his melancholy fate causes a general feeling of regret and sorrow. But when a Lavornes is struck down, brimful of acquired science and of science in the bud, how much more intense is the universal grief!

"A long life is barely sufficient to establish the reputation of the savant; it is complete only in his declining years, but his name is surrounded with imperishable glory when after distinguishing himself by long and important labours, he takes in hand like Thénard the noblest of all causes, that of undeserved misfortune; when he appeals to his fellow-men, not in his own behalf, but in favour of poor but learned men, who even in indigence, contribute their share to the greatness of our common country."

— At the same meeting, Mr. I. Béclard, the annual secretary, reported on the prizes and recompenses awarded by the Academy, and acquitted himself ably of this difficult task. In another part of the present number, will be found the names of the successful competitors. Mr. Béclard took this opportunity of alluding, in feeling terms, to the legacy of 40*l.* a year left to the Academy by a young physician, whose premature death it was recently our melancholy duty to record. Mr. Ernest Godard, in addition to this sum assigned by him to the foundation of an annual prize, has also left in his will, dated from Jerusalem, an annuity of 8*l.*, to be every year appropriated to the gift of a box of instruments to the first

Interne named by competition, and the sum of 280*l.* for the institution of a library for the use of the patients in the hospitals of La Charité, Necker, and the Midi.

— The Academy has entered on an important debate on the subject of drinkable waters. As the discussion is likely to be protracted, we shall postpone our remarks to the period or its conclusion. From want of space in our article *Learned Societies*, we may briefly allude here to a communication of an entirely practical nature, forwarded to the Academy, by one of its corresponding members, Mr. Houssard, of Avranches. It relates to a form of colic, which the author conceives to be induced by the immoderate use of cider.

According to Mr. Houssard, the disease is marked by sharp and unceasing abdominal pain, attended with obstinate constipation and frequent emesis. The abdomen although not hard or much distended, is moderately tender on pressure; the thirst is intense, the pulse at first slow, and the heat of the surface not remarkable in the incipient stages. This combination of symptoms is attributed to the use and more especially to the immoderate use of cider which has been kept two or three years. These effects of old cider would appear to be consequent on the presence of a large quantity of the malic and acetic acids than is found in the recently prepared beverage. Hence results which resemble the symptoms of intestinal obstruction. If the practitioner for the purpose of removing the supposed obstructions, exhibits a brisk aperient, copious motions follow with immediate relief, which Mr. Houssard refers to expulsion of the acids or other injurious ingredients of the cider.

Any aperient answers the purpose; neutral salts and especially castor oil, which determines in the first place the evacuation of the contents of the large intestine, are especially beneficial. It frequently happens, however, that the obstinate and incessant occurrence of vomiting interferes with the administration and effects of the laxatives. In this instance, Mr. Houssard has recourse to croton oil, which is less likely, from the smallness of the dose, to induce vomiting. Two grains of this substance are divided into eight pills, and one pill is exhibited every half hour, usually with satisfactory effect. If necessary, the dose may be repeated on the following day, the pills, however, being now taken every hour only. The efficacy of the treatment is so well known, that it enjoys in the country the reputation of a specific. In order to check the vomiting, previously to the exhibition of the oil, it is proper to apply a large mustard poultice for an hour over the epigastric region. When recovery is effected, the patient must be very cautious in the use of cider, and this beverage should be diluted with water, or replaced permanently by wine and water, in order to obviate a relapse, which might entail serious and perhaps fatal consequences.

— Numerous methods, in addition to blood-letting and chloroform, have been proposed for the purpose of promoting the reduction of strangulated hernia. In October last, Mr. Guersant reported favourably to the *Société de Médicine Pratique* on a paper by Mr. Chrestien, entitled *Cure of Hernia by Belladonna.* In every instance Mr. Chrestien would appear to have succeeded with this remedy in removing the strangulation, and two or three of his patients were affected with crural hernia. Mr. Guersant, however, remarked that the intestinal displacements were probably of recent origin, a circumstance which would account for the author's unvarying success.

It is not our purpose to question the accuracy or value of the facts adduced by one learned fellow-practitioner, but we shall merely observe that the good effects obtained from the use of belladonna, should not cause us to forget the efficacy of the tobacco-enema. In the debate to which Mr. Guersant's report gave rise, Mr. Jalode-Lafond described tobacco as a remedial agent possessed of general hyposthenic properties analogous to those induced by chloroform, venesection, baths, &c., and at the same time of locally stimulant virtues calculated to promote peristaltic action. In many cases recorded in the present Journal, the tobacco-enema acted in the most beneficial manner, and quite recently a patient who was treated jointly by Mr. Villaret and ourselves, was thus rescued from the sufferings and dangers of operation with the knife.

The case was one of inguinal hernia of moderate size, and the patient was a young man of apparently vigorous, but in reality, lymphatic constitution. Incarceration took place at eight o'clock p.m., without any formidable symptoms. Taxis was vainly resorted to in the course of the evening, and throughout the night. According to the precept laid down by Mr. Velpeau, castor-oil was exhibited, the seat of the patient being at the same time placed in an elevated position, and a bag of ice being applied over the tumour. The oil was not retained by the stomach. At eleven o'clock p.m., as no improvement had taken place, the following infusion of coffee was prescribed:

℞ Coffee, ℥viij.;
Boiling water, Oijss.

Infuse for half an hour, and exhibit four ounces every quarter of an hour until eight cups have been taken, the four last being taken every half hour only. In Italy and in the south of France coffee has been strongly recommended in cases of strangulated hernia, but in most instances it is rejected by the stomach. This occurred in our patient, who, after the eighth cup vomited all he had swallowed. It was now two o'clock a.m., and we resolved on having recourse to the tobacco enema.

Two drachms and a half of tobacco were boiled for a quarter of an hour in ten ounces of water, the liquid was strained and injected into the rectum. After an interval of two hours none of the physiological effects of the remedy being yet apparent, Mr. Villaret, a former interne of the hospitals of Lyons, determined on dividing the stricture with the knife, when we noticed in the patient unquestionable signs of the action of the tobacco on the system. On examination of the tumour, it was found to have decreased to half its original size, and taking advantage of the state of collapse induced by the enema, we reduced the hernia with perfect ease.

We should not omit to state that immediately after the reduction we exhibited a mixture which Mr. Bouchardat considers as an antidote to the bad effects of tobacco; the following is the formula:

℞. Aquæ, Oiij.
Potassii iodidi, gr. vij.
Tinct. iodinii, gr. v.
Sodæ sulphatis, ℥v.

This fluid was administered partly in an enema and partly as a beverage. Several motions followed, and by ten o'clock the same evening an entire cure was effected.

We need not add that had we found it necessary to have recourse to the knife, we should in the first place have administered chloroform, and again attempted reduction during anæsthesia.

— Horny excrescences are not unfrequently developed on the surface of the body, but the two following instances present features of interest: the first was presented to the Society of Surgery by Mr. Démarquay, the other was observed in hospital by Professor Nélaton.

The first patient was a woman of sixty-five, who, at the age of thirty-eight, noticed on the outer and upper part of the right arm a tumour of the size of a pea, for the development of which he could assign no tangible cause. The growth gradually increased in size, and in the course of seven years became as large as a hen's egg. For a long time plasters of various kinds were applied by the nuns of the order of St. Thomas, and at last the tumour broke and gave issue to fatty matter, and to a sort of membranous cyst. The wound healed, and a small horny excrescence soon became apparent in the midst of the granulations. It was torn away by the patient, but grew again, and attained a length of an inch and a-half. The morbid product was then removed with the knife, but formed again, and again was excised by Mr. Hutin, Surgeon of the Hotel des Invalides. A similar operation was subsequently several times repeated, and Mr. Courtois, who relates the history of the case, states that the portion removed by him on the last occasion was five inches in length and eight lines broad;

it had acquired a spiral shape, and was attached to the arm by a fleshy pedicle, consisting of agglomerated fasiculi. The excrescence now closely resembles a ram's horn, and is eight inches long. It causes much pain and inconvenience, and the patient is anxious for relief. In this instance, no peculiar symptom was ever observed, beyond an unnatural appetite at the period coincident with the largest development of the growth, when the woman was in the habit of eating four pounds of bread a-day, and of rising at night in quest of food.

In Mr. Nélaton's patient, the horn was situate on the inner aspect of the thigh, and resembled a cock's spur. The questions addressed to this woman by the Professor caused some surprise. He inquired, among other points, if her food repeated. Most trustworthy authors have asserted that many of the subjects afflicted with this kind of excrescence absolutely ruminate, or are descended from parents in whom the first stage of digestion presented this peculiarity. Nothing of the kind existed in the present instance. Mr. Nélaton has met with many cases of horny excrescence, the favourite seats of the growth being the head, forehead, nose, and cheek. The important part of the structure is an indurated base, on which it rests, and which involves only the skin. If the horn spontaneously drops off, or is removed on a level with this hard surface, a relapse must inevitably occur, as was repeatedly observed in Mr. Démarquay's case. To effect a radical cure, it is necessary to follow Mr. Nélaton's precept, and to extirpate in its integrity the induration from which the excrescence springs, by a circular or elliptic incision.

A formidable epidemic of diphtheritic sore throat prevails at present in the hospitals and city of Paris. The greater part of the children admitted into the wards of the hospital for infancy, die in despite of surgical interference. The diphtheria extends promptly to the bronchi and vesicular structures of the lungs. The wound consequent on the operation for tracheotomy becomes covered with false membranes, and the canula causes ulceration of the trachea, notwithstanding the adoption of the movable tubes imagined by M. Luer. The mortality causes some hesitation in the performance of tracheotomy, a circumstance which has permitted us to witness the unusual occurrence of the cure of croup without operation in a child aged eighteen months.

The patient was a little girl who was admitted in the third stage of croup into Mr. Blache's wards. General and deep anæsthesia, symptomatic of the peculiar kind of asphyxia observable at this period of the disease was present, together with cyanosis of the face, refrigeration of the surface, &c. False membranes were detected in the fauces; the voice and cough were both extinct, and, in short, the case was unquestionably one of genuine pseudo-membranous croup.

Under these circumstances, the interne on duty deemed it unadvisable to have recourse to tracheotomy. Emetics had been exhibited previously to admission into hospital, and were not again resorted to. The child's body was wrapped in cotton wool, and bottles containing hot water were applied to the surface; chlorate of potash and oxysulphuret of antimony were also prescribed. On the following day, goat's milk, *ad libitum*, was administered, and, in the course of forty-eight hours all danger passed away.

Had the child been operated on, it is extremely probable that death would have ensued, and yet we cannot agree that age is always to be viewed as a positive counter-indication to tracheotomy.

The influence of the age of the subject on the chances of this operation is a question which of late has again been discussed by authors whose opinion is entitled to the highest consideration. The *Gazette Hebdomadaire* relates a case of tracheotomy successfully performed by Mr. Bell, of Edinburgh, on a child aged seven months, and reproduces a letter in which Dr. Barthez, of hospital Sainte Eugénie, details the particulars of the case of a little girl, aged thirteen months, who was rescued, in his wards, by the operation. "The procedure," says Mr. Barthez, "presented no unusual difficulties, and the canula was removed on the seventh day." Alluding to these two cases, Mr. Dumontpallier remarks that in 1834 Mr. Trousseau resorted to tracheotomy with entire success in a child aged thirteen months. It is therefore now a positively certain fact, that during the first twelve or fifteen months of life, tracheotomy affords fair chances of success, and the most singular instance in point is the case of Mr. Scouttettan's daughter, who, aged six weeks only, was operated on by her father with the most satisfactory results. Yet these cases are rare exceptions. Croup is, moreover, unfrequent at that early period of infancy, and the opportunities for the use of the knife are few; the disease, on the contrary, carries away a very large number of children who have reached two years of age. Now a recent paper, published by Mr. Laborde, an interne of the Hospital for Infancy, shows that at that period tracheotomy has several times been successfully performed. It may therefore be asserted that sufficient motives at present exist to repeal the sentence which deprives so many young children of the benefits of this surgical procedure.

The Medical Circular.

CRETINISM.

By Prof. Charles A. Lee.

Interlaken, Sept. 6, 1862.

In my last letter I gave some account of Dr. Guggenbuhl's establishment on the Abendberg, for the treatment of cretinism and idiocy, and his views, in brief, in regard to the causes, pathology, and treatment of this peculiar form of disease. As I am preparing a paper on the subject, to be laid before the "New York Academy of Medicine" at some future period, I shall not at present enter upon it at any length, reserving for that communication the particular results of my observations both in the valleys of the Alps and in other parts of Europe. No one who has not travelled in this country can form any idea of the vast number of cretins met with among the valleys of Switzerland, nor the wretched condition to which they are reduced. They are found in every low hot valley amongst the mountains; and in some of the villages of the Valais in the valley of the Rhone, I was informed that one-third of the population were cretins. For several miles above Martigny the bottom of the valley is a mere swamp, made desolate and unhealthy by the overflowings of the Rhone and its tributaries; owing to the dead level of the surface, the waters are not drained off, and a most intense and malignant malaria is generated. There is a saltiness and stifling heat throughout its whole extent that I have never experienced in any other part of the world. There seems a perfect stagnation of the atmosphere, and all nature seems to droop under its influence. Goitre, cretinism, and ague are endemic through the whole region, and the whole native population bear the marks of decrepitude, deformity, and premature old age. Rushes, rank grass, and alders are the only vegetation that grows on the flats. At Sion, the capital of the Valais, containing some 2,500 inhabitants, is a hospital, in charge of the sisters of charity, containing many aggravated cases of cretinism and goitre. This is, beyond all dispute, one of the most wretched and miserable districts in Europe, although formerly, judging from the ruins of numerous castles and churches, a highly prosperous and flourishing region. For some reason the human race here has undergone sad deterioration, till at present the population are steeped in poverty and disease. The cretin here, at least, is not only an idiot, but something more. With a vacant, distorted, and hideous expression, his head seems disproportionately large; his belly protuberant and enormous; his limbs stunted, dwindling and crippled; his muscles soft and flabby; his circulation torpid; skin livid, cold, and clammy; he cannot speak at all, or if he can, with great difficulty and indistinctness. He is incapable of any work, but lies basking in the sun like a torpid serpent, seeming to derive great gratification from its hottest rays. If he has life enough and is able to move or speak, he is an importunate beggar whenever a stranger appears, chattering and grinning like a monkey, and displaying hardly as much intelligence. There is, of course, every grade of the disease, from slight goitre to absolute decrepitude and helplessness. It is a singular fact that the disease is unknown 3,000 feet above the sea, which effectively disposes of the snow-water theory. At Sion, and other places in the Valais, it is very common to remove children and even adults to the mountains, on the appearance of any symptoms of goitre; and it is said that the disease is arrested if this is resorted to at any early stage. I suppose it can hardly be doubted that, as Dr. Guggenbuhl maintains, cretinism is one of the injurious effects of intense malaria, as it is found chiefly, if not entirely, in low, warm, and moist situations, as at the bottom of valleys, where exhalations are not dissipated by winds, and where there is a stagnation of the air. A high dew point, also, will probably be found to have much to do in causing it. In regard to goitre,

however, there are many facts going to show that it may be produced by some mineral substance, probably some combination of lime in the water. We meet with it very often, for example, in Central New York, adjacent to the Seneca and Cayuga lakes; and Dr. Coindet, of Geneva (Switzerland) informs me that there is a well in Geneva which has had to be sealed up, because whoever drinks ot the latter for any length of time is attacked with goitre. Thus of a French regiment of soldiers, formerly stationed in that city, and who drank of the water for a considerable period, a majority were sooner or later affected with goitrous swellings about the neck.

In regard to the hereditary transmission of cretinism, Dr. Guggenbuhl made some statements which were new to me, but for the truth of which I do not vouch, inasmuch as they are opposed to general professional opinion on these subjects. He said that if a cretin mother had a child by a man not a cretin, the child would not be a cretin; and, on the other hand, that if the female was not a cretin, while the father was, the offspring was always a cretin. "The mother," added the Dr., "has nothing to do with the intellect of the child, all depends upon the father. Thus, there is a family of mathematicians in Basle, celebrated for mathematical talent for many generations, and yet there have been several mothers in the family of feeble intellect. The same is true of the Munroe family of Edinburgh, so celebrated as anatomists. Similar examples can be found in every country. The reason why Schiller, Hufeland, Oké, and other great men, have had no children of eminent talent, is, that they overworked their brains, and exhausted their nervous energy by hard study and profound thinking. No, no; all intellect is transmitted solely by the male." I give this for what it is worth, as any remark from so intelligent and careful an observer as Dr. G. is worthy of attention. Most people will be guided on this subject by their own observations, which, if I am not mistaken, will be found quite opposed to the theory of Dr. G. But the fact related in regard to cretinism is certainly very remarkable, and deserves further investigation.

As Dr. G. was one of the first who attempted to cure or instruct cretins, it may be well to point out his mode of procedure more in detail. Often developing the physical powers as far as possible by exercise, medication, and nutritious food, etc., he tried to rouse the ear from its habitual torpor and apathy, and this he did by compressing the sound through a tube into the ear itself. He then taught the child to perform with its mouth the motion required to express the sound, and so to connect the sound itself with the mode of expressing it. This is a tedious process, and sufficient to test the patience of any man. It thus passes through the vowels, then the consonants; and to bring other organs into play, the letters were carved out in wood, and the cretins were taught to connect these with the sounds, according as the organs of touch or sight were developed. Gradually, by this method, they were taught to form words, which they uttered. When all this was acquired—which often took months, or even years—common objects, such as keys, knives, forks, spoons, etc., were painted, and the objects laid before them. They thus learned not only to distinguish them, but to lay them on their pictures. If this process did not avail to fix the sight on any object, marks or letters were made with phosphorus on the walls of the room, the room being darkened. This method often proved effectual when other means failed. It was also necessary to develop the senses of taste and smell, which are very faint if at all possessed by cretins. From four to six months were usually necessary to bring the patients to such a degree of bodily vigour, as to be prepared for instruction. The means of instruction and training seem, in short, to have been the same as those now employed in asylums for idiots. To instil knowledge by means of visible objects, is not only the best method of awakening a dormant mind, but it is nature's best mode of imparting ideas and training all the senses. The mind of an idiot, as well as of a healthy child, can only be developed and strengthened through impressions on the sensual organs.

As Dr. G. considered debility as the predominant feature in cretinism, the guiding principle of his treatment has been to strengthen and arouse the system. He started with the belief that mountain air was essential; hence his establishment 3,000 feet above the sea. He believed that the activity of the body might be aroused by means of the skin, for he had observed that whenever the capillary circulation could be restored to the surface, and the temperature of the skin became natural, it was always an indication of renewed strength and vigour; hence his frequent use of frictions and tepid aromatic baths. After a good degree of tone was restored, he then found ablutions and friction with cold water, useful in strengthening the limbs. In rickety cases, with crooked limbs and weak or distorted spines, electrical baths were found of service. His gymnastics consisted in making his patients climb up ladders, especially backwards, then raise weights on a measuring machine. The American *baby-jumper* was put in requisition for small children who were unable to walk alone. To these were added exercises of all kinds in the open air, the cultivation of small garden patches, &c. Iodine and iron were the chief medicinal remedies used; wine he found to have a bad effect on the brain, and seldom gave it, and then only in small doses.

Whatever may be the demerits of Dr. G., it must be admitted by all that the medical treatment and training of cretins owe their origin to him, and that he has been the means of exciting great interest in the subject in other countries. The king of Wurtemburg was stimulated by his visit to Dr. G.'s institution to order a census to be taken of cretins in this kingdom, which resulted in the establishment of an institution near Stuttgard in 1847, for the reception and treatment of this class of patients. This institution now contains about 100 cretins, classified according to their condition or capacity of cure, and is mainly supported by the government. Another similar establishment was opened at Winterbach, in the valley of the Rems, where there are numerous cretins, and both these may be traced to the efforts of Dr. G. In the kingdom of Wurtemburg, according to the above census, there are 5,000 of this unfortunate class. The king of Sardinia—now of Italy—hearing of the good results of Dr. G.'s labours, named a commission, headed by Dr. Lella, to inquire into and report upon the facts connected with the institution of Dr. G.; he also ordered a census to be taken of their numbers, in his then limited kingdom. On the southern slopes of the Alps alone 7,000 were discovered. Corresponding measures were taken for their treatment and cure. Measures have been taken in Russia and in other parts of Europe, to ascertain the number of cretins, and to found establishments for their proper management. The French Academy of Sciences appointed a commission in 1860 to report on this subject, of which MM. Andral and Rayer were members, and recently another commission has been named by the Ministers of the Interior and of Commerce, to investigate and report on the causes of cretinism in certain provinces of France, and the best means of remedying them. M. Rayer presides over this commission. Our own Academy of Medicine has also, I believe, at Dr. G.'s request, appointed a committee to investigate the subject of cretinism in our own country. These and numerous other efforts in this direction, have all grown out of the labours and exertions of Dr. G. He gave the first impulse; his patience, benevolence, and philanthropy surmounted all obstacles, and the world owes him a debt of gratitude it can never pay. To see a man of more than ordinary talent devote all his means, his entire energies, and his whole life to elevate this miserable class of beings, must send a sympathising thrill through the breast of every friend of humanity.

For some time Dr. G. tried to apply the phrenological doctrines of Gall to cretins and idiots, but the results were by no means satisfactory. It was soon evident that the pathological condition changed and perverted the physiological conditions of the organs. He, however, has made one very important observation in regard to the conformation of the palate in idiots, which may be susceptible of useful application in medico-legal cases. He says that in a normal state the boarder of the floating palate is a complete circle, but that in the idiot it is of an oval or egg shape, which he attributes to atrophy of the base of the brain. Scoutetten attaches considerable importance to this malformation, and says it may assist in throwing light on the intellectual condition of subjects submitted to our examination, and sometimes to save persons charged with crime from punishment, when the acts were unconsciously committed, and were those of irresponsible agent. This writer even mentions instances where he has successfully applied this test in such cases, and he commends it as a subject worthy of study both by magistrates and physicians. I am informed by Dr. G. that he contemplates ere long going to America, which he has long had a desire to visit. I have assured him of a cordial reception, and I trust he may be welcomed as such a true friend of humanity and science deserves. He certainly has done enough to entitle him to our admiration, respect, and gratitude, and these, I believe, will be awarded him wherever he may go. —'American Medical Times.'

HOSPITALS.—THE DARK SIDE.

"An important question in relation to hospitals and their public utility has been asked many times by reformers. The question is this:—Would sick people, subjected to diseases of a medical kind, or to surgical operations, fare better in a hospital or in a private house? In answering this question it is necessary to proceed dispassionately to consider the disadvantages which attach to hospitals, as compared with the advantages, and from thence to pass to the consideration of the same points in regard to private houses.

"The disadvantages of hospitals comprise, unfortunately, a long list; some of them are removable, others are inseparable from the institution. Let us enter by the out-patient department and examine that first.

"We find in every hospital three radical errors in this department. In the first place, there is an absence of due care in the selection of persons admitted into the waiting room. Together with children but little out of health, suffering, perhaps, from mere cold, or from some chronic disorder, other children are introduced having measles, scarlet fever, whooping-cough, and even small-pox. The out-patient room thus becomes the nursing-house of those contagious maladies on which the mortality of the infant population chiefly depends. It is difficult to see how this evil—and it is a ter-

rible evil—can be prevented: for to exclude the obnoxious cases would imply the necessity of placing a competent practitioner at the door of the hospital to examine each case and reject the dangerous ones. The time required for this examination would render the plan impossible." . . .

"There is a second evil in the out-patient department of hospitals, which is of importance, viz.:—the long time that the sick people are kept waiting before they can be prescribed for, and again, the long time they have to wait before they can receive their medicines. Three, and even four hours, is by no means an unusual period for a sufferer to sit in the waiting-room before he can obtain advice. Let those of us who have the means to attend at the comfortable private consulting-rooms of any leading London physician remember, in comparatively trifling illnesses, how long it seems to wait half-an-hour or an hour. Let us carry this thought to the waiting-room of the hospital: let us see there, as we may every day see, some miserable sufferer in the second or third stage of pulmonary consumption, coughing, wearied, sleepless, craving for rest, waiting his or her turn for hour after hour, in a room having less comfort than the second-class waiting-room of a railway station; and as this sufferer is seen, there is no one, who has suffered even much less, who will not say in regard to a system, such as is faintly described here, 'It is not, and cannot come to, good.'

"There is a third mischief attendant on the management of the out-patient department of the hospital: we refer to the dispensing of medicines. The plan is to let each patient, after he has been prescribed for, pass along a room or a corridor with his letter until he reaches a trap-door in a screen, such as is seen in ticket offices, or at the small counter where the man of business goes to get a post-office order. The patient here pushes in his letter, his bottle, his box, his gallipot or cup, according to the medicines he may require, and the dispenser on the other side of the screen squatting down to give a look at the man, clutches the articles that are given to him, and commences forthwith to make up the remedial compounds. This act is performed almost with the same velocity as the writing of the prescription by the physician, and although we believe few, very few actual mistakes are made, the means that are adopted to expedite the necessary labour in the very short time allowed are not what the scientific treatment of each individual case properly demands. Set forms of different compounds are made as a preliminary step, involving wide and peculiar generalities, and altogether the process is one so definitively of time against science, that we cannot criticise it too soundly or determinately. The most powerful argument that need be employed against this system is this: that there is not one governor who gives the letter of recommendation, who would for a moment tolerate, in his own case, the concoction of remedies on a similar principle.

"We will leave the out-patient room and proceed into the hospital itself; we will enter the wards and learn what is to be seen there. From morning to night, in the long dreary hours of the sick man, is there aught in those gloomy corridors that shall supply, through surrounding mental influence, agencies at all curative, at all hopeful of cure, to the disordered body? We say desparingly, No! The wards themselves are dreary as the grave: no single feature there to cheer or solace: good-meaning, but ill-judging people, placard the walls with large cards of texts and homilies; but these, by constant and repeated readings, only store the eye with monotony and the heart with fear. The walls themselves are meagre, lifeless, cold, and blank: even the rays of the life-giving sun find too often no entrance: you shall place a flower, a hardy flower, in those corridors, you shall watch it, water it, pay it every attention, and in spite of all the art of a Sir Joseph Paxton himself, it would die! In such places how can sick men recover?

"But this evil is as nothing compared with the other surroundings. Misery here—misery that requires silence, comfort, and retirement—meets misery as bad, nay, even worse than its own. Let us think for our own parts, we, who are above the necessity for this form of accommodation, whether, sick in body and soul, we could live, could sleep, could survive, with the signs of pain, nay, in many instances, the agonies of some twenty or thirty other sufferers before our eyes? Could we in the dead of night recover from dangerous, almost fatal illness, if it were our sad lot to wake and behold a fellow-sufferer removed dead or dying from a bed within six feet of ours? Let us think of it and try, if we can, to believe it. It is a wearing and painful sight to the healthy attendants; how much more so to the prostrated sick? It is said in extenuation of this acknowledged evil, that the poor are not as other men, that they feel these things less. From practical, personal knowledge, we deny the statement. The poor are quite as sensitive, and infinitely more superstitious, than the middle classes of society. Sickness and death convey to them terrors in which the better informed do not participate. We remember a strong healthy mechanic being brought into one of our hospitals from an accident; amputation was demanded. The operation was performed admirably and at the right time, but the man was afterwards placed in a bed next to that of a dying Brazilian. The Brazilian, restless, partly delirious, and striken by the dread foe, lay there, hour after hour, muttering broken English, mixed with sentences of his native tongue. To the man who wanted repose this picture was terrible; he could not turn in his bed, but must lie there and watch the agony and hold his peace. Oh! the long night to that man. Sleep! as well bid him sleep in a barrel of spikes. Move him! it were impossible; for that were unjust to the patient on the opposite side, and moreover, there was not another bed in this overcrowded house of disease and death. At last the Brazilian was at rest and was quietly borne away. But the Englishman, with the amputated limb, what of him? That which might have been foretold without the gift of prophecy. The Englishman, next morning, was said to be suffering from 'shock,' the result of the operation, and was reported 'sinking fast.' Sinking from the 'shock' of the operation? Not a bit of it; he was sinking from shock of mind and of heart. And these are facts, when the eyes are open to them, of constant occurrence. They are incidents not painful merely, but actually inhuman. We shall show, on another occasion, at what a terrible rate the death-book of the hospital is filled up. Nor shall we wonder at it. Better the fate of that man, whom we have described, in the worst hovel in this realm, with one kind face by his side to administer to his wants, than in a palace with a dying Brazilian for his companion. . . . .

"We will not dwell now on the impurity of the air of the hospital ward, impurity due to the congregation of many sick in one confined space, but will conclude by pointing out such remedies to the existing evils as admit of application. The defect of artistic taste might easily be met by the introduction of simple and cheap decoration into the ward. Mr. Charles Hawkins, as many of our readers will remember, has endeavoured, with characteristic clearness of mind and foresight, to enforce this principle; and with perseverance this one point might be carried. But, to remedy the other failings, a radical change in the whole system of hospitals is demanded. This change would consist, first, in making the hospital, if it be really required in the heart of a large city, not one huge building with immense corridors for the sick, but a series of buildings with moderate apartments: not one house, in fact, but a street of houses, having separate and well-aired rooms. The mischiefs due to overcrowding, and to the bad moral effect of placing weak patients in contact with dying ones, would be met by limiting the number of patients in the small ward, and by care in the classification. The evils incident to teaching would be avoided by limiting each day the number of students who should be admitted to the bedside or the operating table; by allowing, in short, no more to see than can be expected to learn; while the dangers of infection derived from the dissecting-room might be obviated altogether by breaking up the insane regulations of attaching a theoretical school to a hospital, and of allowing men engaged in anatomy to take part in the surgical treatment of disease.

"The dark side of the sick hospital is dark indeed. Mr. Rawlinson may triumph with some cause in his saying that the hospital is a mark of a degraded civilisation!

"We have not written, however, with the idea of confirming his statement, but with the desire to make the public and the governors of hospitals consider the ground on which the stigma is based, and the way in which the reproach may be removed. For this is quite certain, that as all things are judged of by their relatives, so every day that the hospitals remain as they are, while civilisation advances, the more surely will the eminent engineer's anathema be comprehended and accepted as true.—'Social Science Review.'—(Our cottage plan is the true specific for these evils.—Ed. Med. Circular.'

St. Andrew's.—The Senatus Academicus of the University of St. Andrews announces that the examinations for the degree of Doctor of Medicine will, under the new regulations, be conferred annually on ten registered Medical Practioners above the age of forty years, and on payment of the increased fee of fifty guineas. The next examination for the "M.D." will take place during the last week in April, on which occasion the examinations will also take place for the degrees of Bachelor of Medicine and Master in Surgery. During the last three months the Council of Medical Education and Registration have registered 262 Practitioners, twenty-six of whom have just been "capped" at St. Andrews.

Testimonial to Professor Matteuci.—In order to perpetuate the remembrance of the services rendered by Profesor Matteuci (while Minister of Public Instruction) to the cause of Medical education, the entire body of the Professors of all the Universities of the new kingdom of Italy has entered with enthusiasm into a subscription, in order to present him with a large honorary medal. On the one side is the portrait of the Professor with the inscription—"To Charles Matteuci, 1862." On the obverse is inscribed—"For having established unity in instruction" On the exergue are the names of the 201 Professors.

Health of Manchester.—The chairman and secretaries of the Sanitary Association at Manchester state, that during the first six months of 1862, thirty-one fatal cases only of typhus fever occurred, during the following quarter there were eleven, and in the last quarter only twelve. Total for the year, fifty-four.

NOTICE.

In our last Number was concluded the 'Journal of Practical Medicine and Surgery' for 1862. *Our readers possess it in its entirety for the last year as complete though not in as handy or readable a form as its monthly subscribers. But it cannot fail to have been a subject of remark, that a portion of its matter is ill adapted for, and, indeed, out of place in, a weekly periodical like the Medical Circular. For the future, or at all events, till the conclusion of our present volume in June, our selections from the French journal will be limited to that which is appropriate to our pages, and our reports of Medical progress abroad, will be drawn from wider sources of information than an individual contemporary. We are happy to say that this deviation in our Foreign Medical Intelligence will be derived from the pen of the same translator as heretofore—namely, Dr. McCarthy, whose facile and elegant rendering of French into English has often elicited applause and admiration from our correspondents. Through that gentleman's kind offices our readers may rely on being kept* au courant *with the progress of Medical Science abroad. But we cannot take even a partial leave of the 'Journal of Practical Medicine and Surgery' without, according to Dr. Chaillou, its accomplished Editor, the meed of praise for the talent and judgment he displays in its editorial supervision. Limited to* 48 *pages octavo, he nevertheless manages to send to his readers in all parts of the world, an amount of information which is truly astonishing, and which at once accounts for the unrivalled circulation the Journal can boast of. The care with which he selects his subjects, and the consideration he shows for the interests of the many before those of the few, confining his attention only to those productions which are novel, original, instructive, and which bear the stamp of practical utility, are so many evidences of his impartiality and critical discernment.*

TO OUR SUBSCRIBERS.

We have the pleasure to announce that our next Number will contain the First of a Course of Lectures on "Diseases of the Ear,' by Jas. Yearsley Esq., M.D.

THE MEDICAL CIRCULAR.

WEDNESDAY, FEBRUARY 4, 1863.

CONSULTATIONS WITH HOMŒOPATHS.

A looker-on must be amused, and, if a member of the Profession, not a little scandalised, by the course taken by our medical contemporaries on the subject of homœopathy. We take credit to ourselves for an endeavour to maintain a liberal tone of feeling towards any medical brother who is accused of tampering with the black art Despising homœopathy as a system of medicine as much as any men can, we despise equally that vain, dogmatic, ill-natured disposition, that is ever ready to stab an honourable reputation because of some alleged intercourse with Homœopathic Practitioners. It is indisputable, moreover, that there is much "favouritism" in medical journals; and that what is considered, in the case of one man, an inviolable principle, which must be maintained with due severity and at all hazards to reputation and comfort of mind, is only, in the case of another, a speculative proposition, admitting of numberless conditions and qualifications. When, for example, Dr. Clay and Mr. Adams were charged with associating with Homœopaths, how rabid was the editor of the 'British Medical Journal' in his denunciations! He rode his cock-horse proudly, and he flourished his whip with exceeding fierceness. He wrote "Principle" on his banner; he was too virtuous a person for any compromises, and he would make the renegades bite the dust. Every reasonable man who had any experience of life smiled at the petulant boasting of this piping cavalier. For our own part, we felt certain that such pomposity must have a fall; and lo! it has come sooner than we expected.

This time, Dr. Burrows has been charged with consulting with a Homœopath at Bedford. Dr. Burrows is President of the Association—fie! and the Editor is bound to defend his chief. It must be confessed he does so with great good-will. He relies upon his "antecedents" to guarantee that, "had there been the slightest grounds for sustaining such a charge, we should have been the very last to let the matter subside into silence." What a charming sentence to put into the mouth of Mrs. Candour! Then, of course, follows an elaborate defence of Dr. Burrows.

The Practitioner whom Dr. Burrows met in consultation three times, as we gather from a note which he has caused to be published, was a Mr. Coombs, of Bedford, one who had formerly been his pupil, and who is so notorious as a Homœopathic Practitioner, that his application for registration was refused by the Medical Council! We cannot state this part of the case better than in the words and manner of our contemporary, the 'Lancet':—

"In relation to the above subject, we quote the following extracts from the Minutes of the General Council of Medical Education and Registration.

"At the meeting held June 21st, 1860, Sir Charles Hastings was in the chair.

"'*First Report of Special Registration Committee.*

"'The committee have to report that there are five applications from persons having graduated at Homœopathic Colleges in America, viz.:—

"'Henry Thomas and William Smith, Homœopathic College of Pennsylvania.

"'Samuel Eadon, James Coombs, and John Marchant Davison, Homœopathic College of Cleveland, Ohio.

"'In regard to the cases of Henry Thomas, Samuel Eadon, James Coombs, and John Marchant Davison, who have got their degrees after examination at the college named, a considerable difficulty occurs.

"'Moved by Mr. Syme, and seconded by Dr. Alexander Wood—"That the names of Samuel Eadon, James Coombs, John Marchant Davison, and Henry Thomas, be registered, in strict compliance with the Medical Act."

"'Amendment moved by Dr. Corrigan, and seconded by Dr. Apjohn—"That the names of Samuel Eadon, James Coombs, John Marchant Davison, and Henry Thomas, be not registered."

"'The further consideration of this subject was adjourned.'

"At the meeting held June 22d, Dr. Burrows was in the chair.

"1. 'The adjourned debate on the First Report of the Committee on Special Claims for Registration was resumed.

"'Mr. Syme was permitted by the Council to withdraw his motion—"That the names of Samuel Eadon, James Coombs, John Marchant Davison, and Henry Thomas, be registered, in strict compliance with the Medical Act," and to substitute for it the following motion, seconded by Dr. Storrar:—"That the opinion of the Attorney-General be taken on the claims of Henry Thomas to register his Degree obtained from the Homœopathic College of Pennsylvania; and of Samuel Eadon, James Coombs, and John Marchant Davison to register their Degrees obtained from the Homœopathic College of Cleveland, Ohio; and that it be delegated to the Executive Committee, after receiving the opinion of the Attorney-General, to take such steps as may seem to them expedient.'"

The opinion of the Attorney-General was against the claims, and the homœopathic degrees were rejected.

"In the letter which Dr. Burrows addressed to us last week, he stated that he was greatly surprised at the course pursued by the Practitioners of Bedford in complaining to the 'Lancet' on this subject. Perhaps the Profession will not now share that surprise. Dr. Burrows asserted, in respect to Mr. Coombs, that there was nothing in his position or antecedents which in the slightest degree savoured of homœopathy. From these official extracts of the minutes of

the council, it appears that Dr. Burrows himself was in the chair when Mr. Coombs, whom he designates as his former pupil, attempted to register a degree from an American homœopathic college, whereupon a discussion ensued, which ended in the reference of the homœopathic claims to the Attorney-General, and their rejection on the strength of his opinion. It is for Dr. Burrows to explain this striking discrepancy.—Ed. L."

This evidence requires no comment. The hardihood and lack of principle, however, of the Editor of the Association Journal are clearly unmatchable. Such conduct must inevitably bring any journal into contempt if there be any self-respect and consistency among the members.

For our own part, we shall not indulge in a tirade of indignant abuse against Dr. Burrows—such a tirade as has been poured out by the Association Journal in previous instances. We dislike and contemn too much such a mode of assailing professional character. We believe that Dr. Burrows was incautious; that he was just as, so to speak, guilty of a breach of professional decorum, as Dr. Clay or Mr. Adams; far more guilty than Mr. Fergusson, who had to bear a large amount of indecent reviling; yet we shall let his conduct pass with the mere expression of a regret that he has suffered himself to be placed in such a questionable position.

One word more. It is clear that Dr. Burrows has a very short memory. We cannot forbear to remind him that, several years ago, when called to task by a former editor of the Association's Journal on the subject of a certain biographical sketch that appeared in the Medical Circular, he wrote letters in the same lofty tone of dignified repudiation. We quietly warned and expostulated, being anxious to avoid making statements that might prove painful to his feelings. Still he wrote, and then we were constrained to show that he himself had written the larger portion of the memoir that was the subject of animadversion. It is a large experience of the frailties of our most conspicuous men, and of the difference between profession and practice, that has made us tolerant of minor delinquencies. To hound one man to the death, if that might be possible, and to apologise for the shortcomings of another, is a course of conduct germane only to the pages of the British Association Journal.

SUMMARY OF THE WEEK.

MR. SIMON ON ST. THOMAS'S HOSPITAL.

Some mysterious observations made by Mr. Deputy Elliott, relating to certain opinions expressed by Mr. Simon on the St. Thomas's Hospital question, have given rise to doubts as to Mr. Simon's faithfulness to sound sanitary principles. It is expedient that we should know what Mr. Simon thinks on this important question. We cannot allow him to adopt Mr. Elliott as his mouthpiece. He must not speak large behind a mask. He is at the head of the sanitary system of the country, and was once regarded with much respect as a man holding advanced views on hygienic science. What are his views now? For a long time past he has done really nothing but receive his salary: has he become rusty in office; and is he content to allow his mind to revolve creakingly on its old hinges? Mr. Simon must advance with the times—not the 'Times,' let him observe—or his moral influence over the Profession and the public will disappear, and then where will he be? Already grave things are said in the newspapers about the incompetence for good of the office he holds. This is unfortunate, but the fault is greatly his own. He should make his experience and authority felt on sanitary questions. As it is, we never hear of him. The great cotton famine, which would have afforded a noble opportunity for collecting facts in relation to hygiene has been allowed to pass away almost unimproved. Let him compare his own efficiency with that of Dr. Farr at the Registrar-General's Office.

To revert to St. Thomas's Hospital, Mr. Simon is both Medical Officer of Health to the Privy Council and a Professor at this Hospital. We are, therefore, anxious to know how he has advised the Board and his colleagues—what, in fact, his views really are as to the site and construction of hospitals? By these views we shall judge of his ability to represent the sanitary science over which he ostensibly presides.

THE DISTRESS IN LANCASHIRE.

According to recent reports, the number of paupers in the chief manufacturing towns of the north has been gradually diminishing up to the end of November and since; whilst, on the other hand, the pauperism of Lancashire generally, as shown by the returns recently issued, was higher at the end of November than it was at the same period last year. Nearly the whole of the increase of pauperism throughout the country has been furnished by Lancashire. Is it probable that the gradual decrease of pauperism in the larger towns is caused, in some degree, by a migration to the smaller towns and rural districts from whence many of the operatives originally came? If so, the landlord interest will yet have to bear its burden of the cotton famine.

M. VELPEAU.

It is with pleasure we hear that M. Velpeau, the greatest Surgeon in France, has recently been honoured with the Presidency of the Academy of Sciences, in recognition of his general scientific labours. M. Velpeau was formerly Vice-President. This compliment reminds us of a similar one paid to the late Sir Benjamin Brodie, in his election to the Presidency of the Royal Society, and is an evidence of the increasing respect of men of science for the great art of Surgery.

MORE ROOM FOR OUT-OF-DOOR AMUSEMENTS.

We cordially echo the sentiments contained in the annexed memorial addressed to her Majesty's Commissioners of Works. There is much reason to fear that the present rage for beautifying all open places will end in a practical exclusion of working men and others from their advantages. It is most important that there should be ample space for out-of-door exercise, otherwise the boys and youths of London will be worse off in this respect than they were before the improvements were effected:—

"The undersigned firms beg to represent to the Commissioners of Woods and Works having the management of Victoria Park that many clerks and working men employed in the City of London have, in consequence of the early closing lately adopted on Saturday afternoon, taken great delight in the establishment of cricket clubs, and that they play in a portion of the Victoria Park set aside for the purpose. The ground thus used, is, however, rough, and wants more care and attention to adapt it for the purpose, and the space is so limited that accidents frequently occur with the balls.

"Notwithstanding this fact hundreds of hard-working men of all ages, often with their families, crowd the park on Saturday evenings to play and watch others play; and your memorialists feel that the temporary withdrawal of those men from the close neighbourhoods in which they live, and the object thus given to them to employ in so quiet and healthy a way their leisure, is attended with great benefit, the rivalry between the employés of different establishments adding to the interest taken in the game.

"Confident of the sympathy of the Commissioners in the object they have in view, your memorialists respectfully request that inquiry may be made as to the practicability of forming a properly kept and more extensive cricket ground for the use of the poorer classes that reside in such vast numbers in the east of London."

COTTAGE HOSPITAL FOR EAST GRINSTEAD AND SURROUNDING PARISHES.

It is with much satisfaction that we insert the following proposal for the establishment of a "Cottage Hospital" at East

Grinstead. Dr. Henry Rogers, Surgeon of East Grinstead, has not only generously allotted one of his own cottages for the purpose, but also, as the prospectus shows, he is ready to give his professional services gratuitously. This noble conduct ought to command the warm sympathy and support of the wealthy inhabitants of the neighbourhood, by whose help alone such a charitable design can be successfully sustained. We have not the slightest doubt, however, of Dr. Rogers' ultimate success. Let him establish the Hospital, and he may rely upon it that he will receive the friendly aid of every enlightened mind and generous heart within the district.

"PRELIMINARY NOTICE.

"The advantages which Cottage Hospitals afford, for the treatment of accidents and severe diseases in rural districts, being now, universally acknowledged, and the want of some place in this neighbourhood where such cases could be properly attended to having been frequently experienced, it is proposed to open one near the East Grinstead Railway Station, for the reception of cases from East Grinstead and the surrounding parishes.

"This Hospital, which it is proposed shall be conducted on the plan which has proved so successful at Cranley, is not intended to supersede the projected Infirmary, but to serve as a temporary substitute until such time as the sum required for the erection and support of an institution suitable to the growing importance of the town shall be raised.

A cottage on East Grinstead Common, enlarged and adapted for the reception of seven patients, and situated close to the residence of Dr. Henry Rogers, who is willing to give his professional services gratuitously, is offered by the proprietor rent free—on condition that a sufficient amount is contributed to pay for the beds, bedding, furniture, and other requisites for the accommodation of the patients. About 120*l.* will be required for this purpose.

"The furniture and all other property purchased or presented will be vested in trustees to be appointed from the contributors.

"It is intended that the common expenses, such as nurses, medicines, fuel, and lights, shall be defrayed by voluntary subscriptions and donations, but that patients, or their employers or friends, shall, except in very special cases, pay for their maintenance: the Hospital will thus be partially self-supporting.

Donations and subscriptions may be paid to "The Cottage Hospital Fund," at Messrs. Whitfeld, Molineux, and Whitfeld's, East Grinstead, or to Dr. Henry Rogers, from whom further particulars may be obtained."

REVIEW OF THE PERIODICALS.

The 'BRITISH MEDICAL JOURNAL.' Dr. LATHAM's lectures on the 'Heart' are continued. He enters into an explanation of the significance of the *frequent* pulse. He describes a frequent pulse as sometimes associative with common inflammation, especially of the abdominal organs; but in such cases the inflammation is generally extensive, and the pulse *hard*, as well as frequent. In such circumstances he advises *venesection*, which must be *repeated* until the pulse lose its hardness and frequency. But if the pulse have lost its hardness after one or two bloodlettings, yet increase in frequency, then further bloodletting would be a doubtful or absolutely forbidden remedy. There is a refinement in these instructions which, even if they were founded on a careful experience or sound theory, would be of very questionable benefit in practice. It is difficult to determine hardness by the finger with the accuracy desiderated. It would be instructive to know in how many cases during a year Dr. Latham has found it necessary to carry out his own instructions by bleeding *coup sur coup*.. We suspect they are very exceptional. The number of cases, with their results, would help to determine the value of the advice in a clinical point of view. This teaching, however, is quite contrary to more recent views. Dr. Latham, like Mr. Lawrence of the same hospital, appears to be unaffected by modern theories and practice. The following passage contains a truth worth noting:—

"In all that anatomy discloses after death, and if the part affected be within reach of the ear, in all that auscultatition teaches during life, the inflammation of strength and the inflammation of weakness are the same thing; no mere anatomist or auscultator can tell which is which. But the same treatment which saves in the one case will kill in the other; for their treatment is determined, not by the conditions in which they agree, but by those in which they differ. Now they agree in all that is organic; they differ in all that is vital. What is organic consists in what can be seen, heard, or dissected. What is vital consists in what is felt and acted, and in modes and degrees of feeling and action—preeminently in pain; preeminently in fever, and its attributes of cold and heat and perspiration; and preeminently, and above all, in the movements of the heart and arteries, the qualities and number of the pulse."

Dr. WM. ROBERTS contributes to the same journal an article on the 'Successful Use of Iodide of Potassium in the Treatment of Aneurism,' which we have reproduced.

The 'AMERICAN MEDICAL TIMES' (Dec. 27) contains lectures on 'Military Surgery,' by Dr. DELMOLD. He gives some curious instances of surgical injury. We have extracted portions of this lecture. Dr. HANFORD BENNETT reports a case of 'Ligature of the Subclavian Artery.' We have given the case. Dr. TOWNSEND reports, in the same journal, a 'Case of Neuralgea Treated by Enormous Doses of Morphine.' The patient suffered intense pain in the left shoulder, extending down the arm. At first the hypodermic administration of morphia increased to five grains in the twenty-four hours, gave temporary ease; but the pain continuing, quinine, iodine, arsenic, strychnia, stramonium, cannabus indica, &c., were employed without benefit. Then the muscles of the chest and abdomen became affected, paroxysms of asthma first, and then convulsions, ensued; the injections were increased in strength to ten grains daily. Ascites subsequently set in, and he was tapped with relief; but the man eventually died. We quote the remainder of the report in the author's words:—

"The greatest amount of morphine given in the twenty-four hours, when the suffering was the most acute, was over fifty grains (the morphine being of the first quality.) When any attempt (unknown to the patient) was made to reduce the dose, it failed to control the pain, and I have been obliged to gradually increase the strength until (as before stated) over fifty grains have been administered in the course of a day, and that without producing any marked symptoms of narcotism.

"The amount of morphine taken during the treatment, extending over sixteen months, is almost fabulous; five thousand grains would not exaggerate it. It never failed to relieve the pain and spasms of the muscles; the latter being often so severe of the recti-abdominalæ, as to assimilate the emprosthotomos of tetanus. The muscular fibres between the linæ transversæ were so firmly contracted as to form distinct hard tumours the size of a hen's egg. No effect was noticed as attributable to the morphine, with the exception of the immediate and total subsidence of the neuralgia. He had never taken any of the salts of morphia, or preparations of opium, before he was attacked by this malady, and his system gave no evidence of an habitual use of alcoholic stimulants. The appetite continued good throughout the course of the disease, perhaps accountable to the fact that no morphine was taken into the stomach. This case furnishes many valuable points of interest:

"1. It illustrates a most formidable and obstinate instance of the disease with which we are obliged to contend. 2. The great tolerance of the system to morphine, and the immense quantity which was given in so brief a time, without perceptibly producing other than a transient effect upon the physical economy. 3. The almost uniform effect of the morphine under all circumstances, and without regard to the parts selected for its administration (for it was injected into almost every region of the body), and the excessive tonic spasms of the diaphragm and recti muscles."

The 'MEDICAL TIMES AND GAZETTE.' The valuable lectures on 'Blood of the Vertebrata.' by Mr. GULLIVER, open this journal. The author gives the history of the coagulation of the blood, and reclaims for our countrymen the credit of many facts and views which had been overlooked or misappropriated. He is especially expressive on the merits, as a discoverer, of the late Dr. Richard Davies, of Bath, who has apparently, from the year of the publication of his work, 1760, remained buried under the turf of obscurity until disentombed by Mr. Gulliver. This has been the fate of hundreds of surgical observers, whose labours have been stolen by the pilferers of science, and sometimes even by men of a superior class. He shows how Davies first, and ten years afterwards the illustrious Hewson, described the characteristic qualities of the

blood, particularly with reference to the coagulability of the fibrine; but these teachings were for a long time neglected, and on the continent more especially, erroneous opinions prevailed. "And so," Mr. Gulliver says,

"No wonder Müller was led, in 1822, to discover the facts again, so often discovered here and abroad before, but so long hid in the prevailing darkness on the Continent; this, too, in spite of the universal acceptance in Britain of the correct doctrine of Davies and Hewson; as well as of Dr. Babington's term 'liquor sanguinis' for the spontaneously coagulable matter, as distinct from the red corpuscles. Muller witnessed anew the coagulation of that liquid apart from those corpuscles; but, as might have been expected, added nothing to the exactness or completeness of Hewson's demonstrations, and, indeed, only gave a needless confirmation of them."

Dr. Francis Ramsbotham's cases of 'Clinical Midwifery' are continued; so, also, Dr. Whitehead's articles on the 'Causes of Early Mortality.' Dr. Edmunds reports an interesting 'Case of Malignant Pustule,' which we will reproduce on an early opportunity. There is an article in the same journal which is the substance of a report of a lecture by Dr. Wilks, headed 'Notes on Scarlet Fever,' which, we may remark, is open to the objection adverted to by Mr. Gulliver, of a suppression or oversight of the observations of English writers and practitioners, except some of the *illuminati*. We want more Gullivers. We shall also reproduce this article in the interests of truth and science, as it adds fresh testimony to the necessity of diagnosing that *throat* disease which is neither measles nor scarlatina.

The 'Lancet.' Dr. Fuller's lectures on 'Gout' are continued. Mr. Henry Hancock has given an excellent article on 'Chopart's Operation,' and its superiority over other methods. He advocates this operation whenever the disease is located anteriorly to the os calcis and astragalus, and when an adequate flap can be obtained. He has performed the operation four times with the best results. Mr. Henry Smith reports two cases of 'Retention of Urine,' in which great difficulty was experienced in introducing a catheter. In one case there was cancerous degeneration of the penis, in the second the retention had been brought on by the use of potassa fusa for the cure of a stricture. A case of 'Induction of Premature Labour by Dr. Barnes's Method' is reported by Mr. J. M. Corner. The method was highly successful.

GENERAL CORRESPONDENCE.

ON SANTONINE AS AN ANTHELMINTIC.

To the Editor of the Medical Circular.

Sir,—In your periodical of the 28th inst., I observe that it is stated, upon the authority of M. Bouchut, that the best manner of administering santonine is in the unmixed form.

This does not agree with my own experience of this drug, which I have now used in a large number of cases; and my opinion, which is consistent with the observations of Küchenmeister, Davaine, and others, is that the most efficacious mode of exhibiting santonine is in castor oil, as it is readily dissolved by oily substances, although it is very sparingly soluble in water. If, for any reason, castor oil be unsuitable, the powdered santonine may be given upon a piece of bread and butter, some purgative, such as jalap, being ordered to be taken about three hours afterwards.

The doses in which the vermifuge properties of santonine are best obtained are, for children from one to three grains, and for adults from four to six grains, given every morning for several days.

In fifty cases of worms, in which I employed this remedy, and of which I have given an account in the 'Medical Times' for 1862, nineteen of the patients were cured after a short course of the medicine, and the santonine only failed to be beneficial in seven instances; the want of success in the few latter cases was, I believe, chiefly attributable to the non-compliance of the patients with the general directions which were given for their diet, &c., during the period in which they were under treatment.

These results, which correspond with those arrived at in my unpublished cases, incline me to the opinion that santonine is one of the most perfect anthelmintics which we at present possess, seeing that it combines the advantage of smallness of bulk, as regards the dose in which it is given, and of absence of unpleasant taste, with considerable certainty of action.

I am, Sir, &c.,
Wm. Abbotts Smith, M.D., M.R.C.P. Lond.,
Senior Assistant-Physician to the Metropolitan Free Hospital, &c.

Doughty street, W.C., Jan. 30th, 1863.

BALL IN GARIBALDI'S FOOT.

To the Editor of the Medical Circular.

Sir,—I have watched long to see if any one would take up, what may be appropriately styled, the Garibaldo-Partridge question. I was delighted to observe in this week's number of your most valuable journal some pertinent remarks by Mr. Henderson, of Kew, on this subject. With him, I am also of opinion that Mr. Partridge is in duty bound, not only to himself, but to the whole Medical Profession of Great Britain, to give a clear and distinct account of his "visit," to that illustrious man. His own professional character, and, I may say, that of all the London '*Pures*,' by whom, I presume, he was deputed to represent them in that 'critical case,' have been much damaged in the eyes of their professional brethren, who consider that a great slur has been cast upon the boasted superiority of the Londoner, by even the "supposed failure in diagnosis" by one of their number. Had such a case been sent to some of the London Hospitals by an obscure Country Practitioner, whose diagnosis, at least, might have been as correct as that given in this now "famous" case, with what well-affected contempt would some of these mighty ones have looked down upon the poor Country Doctor and with a shrug of their shoulders, if not with their tongues, exclaimed, "What else could be expected of him?" But these men high as they are in station, ought to remember that they, too, live in houses of glass, and that even for them to cast stones is not altogether free from danger. I have taken this opportunity to make these remarks as I have frequently been grieved to see in hospital reports the most unjustifiable aspersions cast on the character of many good private practitioners by men who themselves are, at least, not always correct in their opinion. I am, &c.,

J. G., L.F.P.S. Glasg., and L.R.C.P. Edin.

29th January, 1863.

BALL IN GARIBALDI'S FOOT.

To the Editor of the Medical Circular.

Sir,—I very much agree with your correspondent, Mr. Henderson, of Kew, who says it is due to the credit of English Surgery that Mr. Partridge should explain the obstructions met by him in the diagnosis of the case of Garibaldi. We cannot afford every day to have a *fiasco* in one of our leading journals like that of Dr. Semple and in another journal a great epidemic of famine-fever in Lancashire when none such exists, and then alongside these the failure of Mr. Partridge in the Garibaldi case, if failure it be. Medical men in practice, we need not tell such a practical man as the Editor of the Medical Circular, are very often asked in private families about these things, and we like to have the truth. It is said, one leading journal is so bigoted, it would not give any paper of Mr. Partridge's if he had anything to do with another great "publishing shop," and so we go on. And next it is said, the organ of the *British Association* refused to insert a very temperate explanation of Garibaldi's case, as the dogma upheld from the first by that crazy hebdomadal was, first, that there was no bullet at all in Garibaldi's foot because the daily 'Times' said so, and next, that the opinion of its school, the best in London (St. Mary's?) was that amputation above the knee was the proper remedy; and it (the Association) could have no respect for Mr. Partridge, who evidently misled the great and talented Italian Surgeons who were already in attendance (in not amputating the limb first, and then examining for the ball and sending the journal a detailed report of its pathology!)

Happy Garibaldi! All this time the daily newspapers were quoting these and a hundred other follies of quacks, and surgical luminaries who had pills or salves to sell to save the limb.

To make matters still more obscure, when all the world of Europe was eagerly anxious to know what to do to save the life and limb of the illustrious Italian patriot, the telegrams were telling us of pyæmia and tetanus as setting in rapidly, with erysipelas and gangrene, that it required an eagle-eye in the newspapers to disentangle. The two leading surgeons were out of town, and one (Mr. Erichsen) was actually in Italy, not fifty miles from the scene of all the anxieties, whilst the public were pouring in subscriptions in hundreds, and begging something to be done, as Mr. Henderson will remember.

The Scottish surgeons were silent also, and for once Mr. Syme did not fight for his unalterable operation of excision of the foot, as the true remedy for Garibaldi, as many think it was. The 'Dublin Weekly' snarled at everything, and recommended nothing, and between all, the Medical Circular alone gave the exact state of the rival controversies. Garibaldi himself, it is credibly stated, read

all the newspapers, and was more composed than even the general public, and readily welcomed M. Nelaton to his bed-side.

What Mr. Partridge ought to do is, to publish the case from the beginning, if some of the journals would print it. We never had the remarkable cases of Count Cavour either, or of Prince Albert, as clap-trap rather than science was sought; and yet medical men to this day are asked to explain these cases. The credit of English surgery is truly at stake, as Mr. Henderson observes, in Garibaldi's case, and the obstruction thrown in the way of Mr. Partridge, at the first visit, ought to be explained.

I have the honour to be, &c.,

Jan. 31. MACHAON.

P.S.—Your observations on the senility of the 'Lancet' on surgery in general, and cottage hospitals in particular, of last week, must find a hearty echo through the Profession. If this great guide had been trusted, Garibaldi would now be in his grave.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 13TH, 1863.

DR. BABINGTON, President.

Mr. JOHN DIX read a Paper

ON THE WIRE COMPRESS: A SUBSTITUTE FOR THE LIGATURE.

The wire compress—the subject of this paper—is a modification of the method of arresting hæmorrhage devised by Dr. Simpson, of Edinburgh, and introduced by him about three years ago as a substitute for the ligature. This "acupressure," as it is called, has been tested by but few surgeons of note; and in London, especially, it is almost unknown and ignored. Although probably a real improvement on the ligature, it undoubtedly labours under certain inherent disadvantages, most of all of which (it is believed) are obviated by the use of a fine wire of iron or of silver, instead of the steel needles of Dr. Simpson.

This idea was first promulgated in a paper on Acupressure, published in the 'Medical Times and Gazette' of June 2nd, 1860; and first put to the proof in a case of amputation of the finger, September, 1860. In this operation two arteries were secured by wire, which was removed on the third day. The case did well: there was no bleeding, and very slight suppuration.

In the next case—Chopart's amputation, performed April 26th, 1861—five wires were applied on as many arteries: four of these were removed in forty-eight hours, and the other on the fourth day. It was found that the wire was easily applied, as easily withdrawn, and entirely effectual for the purpose it was intended to serve—namely, the arrest of the bleeding from the cut vessels. This patient, being the subject of constitutional syphilis, did badly. There was sloughing of the entire surface of the wound, and the flap was totally destroyed; notwithstanding which there was no hæmorrhage; but, she died on the thirteenth day after the operation, of pyæmia.

Case 3 (Sept. 21st, 1861.)—In an amputation of the thigh, done after Mr. Luke's method, there were seven bleeding arteries. Upon five of these the wire was used, and with the femoral artery the femoral vein was intentionally included; two very small branches were treated by torsion. This case did well. Seventy-two hours after the operation four of the "presse artère," wires were withdrawn with perfect ease and without bleeding. The one on the femoral remained five days, when it, too, was removed without any difficulty, and without a trace of blood. There was but little suppuration, and an excellent stump was the ultimate result.

These cases prove that this mode of securing arteries is practicable, efficient, safe, and manageable. It is also believed to possess a certain positive superiority over the ligature, as the following comparison shows:—

A ligature in a wound impedes union and induces suppuration. Cure, by primary adhesion of a large wound—as, for instance, an amputation—is an event of extreme rarity, and this because of the ligatures. A thread of silk is, in fact, a miniature seton, and the whole number required in an operation make up one of considerable size, and can scarcely fail to lead to the formation of pus. Again, the ligature, of necessity, excites ulceration of the artery upon which it is tied; it cannot in any other way be got rid of. This is another unhealthy process, antagonistic of repair. In applying a ligature, the end of the artery is drawn out from its sheath, by which its natural connexions are disturbed, and its vasa vasorum broken up; its coats also are lacerated and bruised. The ligature remains for an indefinite time, long after it is useful or necessary, and it is not unfrequently pulled at by the dresser before it has become detached. Its knot, often deeply buried between the flaps, cannot be withdrawn without tearing through adhesions or damaging the granulations. All these are serious obstacles to the healing process, both in the stump and in the artery itself, and much protract the period of cure. Moreover, the following is an interesting and noteworthy formula; Pyæmia is the offspring of purulent secretion, of which the ligature is an efficient and probable cause. Bleeding arises solely from ulceration of an artery, of which again the *primum mobile* is the ligature.

From one and all of these objections to the ligature the "wire compress" is almost or altogether free. Thus, in accordance with a well-known pathological law, *it*, being a metallic substance, is freely tolerated by the living body, and has little or no tendency to excite suppuration or irritation. Neither does it cause ulceration in the artery. This is positively affirmed from actual observation of its effect as witnessed in the sloughing stump before alluded to. It is applied without interference with the natural relations and vital connexions of the vessel. It is removed at any time, according to the will and judgment of the surgeon, without disturbance to the reparative action going on in the artery and in the rest of the wound, without futile premature attempts, and almost without pain to the patient. It is not liable to lose its hold, or to become detached too soon, as not unfrequently happens to a ligature applied upon a brittle or sloughing artery. Twigs of nerve accidentally included in the embrace of the wire are not injured and excited as by the tight strangulation of the ligature, and, if thought advisable, the veins are easily and safely occluded, along with the arteries.

Although this has been spoken of merely as a modification of acupressure, yet it is believed to be a decided and important improvement on "Simpson's skewers," as the needles have been irreverently called, and which are fairly open to the following objections. When several of them are required, the stump resents, as it were, being thus pierced through and through in various directions. From the injury thus inflicted, and from the obstruction to the capillary circulation caused by the pressure of the unyielding steel, arise much tension, œdematous swelling, and great pain; the pain, especially, has been found a very serious evil. Again, their projecting ends, and the puckering they cause in the substance of the flaps, interfere very much with that accurate adjustment of the cut surfaces and edges which so greatly aids the chances of union by adhesion.

The wire is free from all these shortcomings. It is thus applied:—Take a piece of surgical wire six or eight inches long, and thread each end thereof upon a straight needle. Seize the bleeding mouth of the artery with forceps and pass one of the aforesaid needles close on each side of the artery just mentioned, about a line above the points of the forceps, directly down through the substance of the flaps, so that they emerge at the cuticular surface, about half an inch distant from each other. Draw them both through together till the curve of the wire compresses the artery on the face of the flap. Now get rid of the needles by clipping through the wire close above their eyes, and also detach the artery forceps. Place a piece of cork, cut for the occasion, upon the skin, between the points of exit of the wire, and over this twist the wire tighter and tighter until the bleeding is arrested. Lastly, cut off the superflous wire. All which is done quicker than described. Two or more arteries lying near together may be embraced by one wire, and, as has been said, the veins may be included or excluded at will.

The wire should be either of silver, or, what is much cheaper and equally manageable, of the finest and softest passive iron. The generality of wire as used for sutures is too hard and stiff. The needles are about three inches in length, straight, and three-edged, with an eye adapted for carrying wire. Special care is necessary in threading the wire that it is kept perfectly free from all twisting. The forceps are used, not to draw out the artery as when a ligature has to be applied (this, indeed, is to be particularly avoided), but merely as a guide to mark the exact position and course of the vessel. The cork is necessary to protect the skin from the pressure of the wire.

The withdrawal of the wire, which at first sight appears an insuperable difficulty, is perfectly simple and easy. It is thus effected:—Clip the wire close to the edge of the piece of cork, and straighten out the curve it has formed at its exit from the skin. Remove the cork, and apply instead the tip of one finger, with which press firmly upon the flap, making traction gently and gradually upon the other end of the wire. If this were roughly and hastily done, it might break up the adhesion which it is presumed has taken place between the surfaces of the flaps, and it is quite possible that a flexure in the wire might lacerate the artery in passing over it; but it is certain that none of these evils need happen with ordinary care and tact.

As to the period of withdrawal, further observations are desirable; but it has been clearly shown in numerous cases of acupressure, that for small vessels a few hours of compression is sufficient, and for the largest arteries a much less time than might be supposed. However, as a general rule, it is not desirable to disturb a wound in any way for from twenty-four to forty-eight hours; at the end of which time all wires commanding the secondary branches may be safely removed, and probably also from the large arteries; but, as a matter of prudence, it is well to keep a check upon such a one as the femoral for three or four days at least.

The descriptions hitherto given apply particularly to amputations; but the wire is equally applicable to many other operations.

In a postscript to this paper was related a case of excision of the testicle, in which it was used most satisfactorily upon the vessels of the cord. Two wires were required, and they were removed on the fourth day. Also a case of excision of the breast, in which three wires were applied, and removed in twenty-four hours. The wound, which was six inches long, healed kindly and rapidly—almost without suppuration.

Suppose the femoral artery needs to be secured for popliteal aneurism. The wire would be passed under the artery by means of a tubular aneurism-needle made for the purpose, brought out through the integument at a convenient situation, and then twisted upon a cork in the usual way. This same artery, cut in amputation, is securely closed in three or four days by the action of metallic pressure; consequently, in three or four days the wire might be removed. Meanwhile, it has not caused suppuration, or impeded the union of the wound, which ought, therefore, by this time to be completely healed; and, more important still, the artery is not cut through, as by the ligature, but its coats remain intact, and bleeding is impossible.

It will probably be found that the pedicle in ovariotomy may be conveniently dealt with by this method, the arteries being secured individually, and the entire stump also fixed to the abdominal wall by another wire. This idea has been already promulgated by Mr. Spencer Wells.

The paper was illustrated by models.

Mr. Fergusson said that the author's paper ought not to pass without remark, as the subject was novel to the Society, though not new to the surgical department of the profession. The paper was very interesting and very clever, and yet the materials of it were not sufficient to prove the author's point, as five cases only were brought forward. These, if the subject had been quite new, might have been enough. From the cases adduced, he had not learned that the compress had, in the smallest degree, any advantage over the ligature, which, as a practical surgeon, he was not disposed to set aside. It had been first brought forward by a gentleman of great talent, but he (Mr. Fergusson) had not seen, nor heard, nor found anything to induce him to imagine this process superior to the ligature. The cases related were very few, whilst ten times that number of instances of the employment of other means might be brought forward. As regards the amputation of a finger, everyone knew that such cases would do perfectly well with the ligature. In the case of partial amputation of the foot, he did not suppose that the sloughing was due to the wire; but the fact that there was no hæmorrhage did not prove that the wire was better than the ordinary method of securing bleeding vessels. As to the plan adopted with regard to the thigh, that was not new. Professor Handyside had tried this method. The history of the case did not vary from the ordinary run of such amputations. He (Mr. Fergusson) had tried this plan repeatedly, but should require much greater proof of its value than he had yet heard before he should attempt to secure large arteries, as the femoral or the brachial, on this plan. He noticed that in this paper, as also in many others on the same subject, there was a constant attempt to decry the ligature, one of the grandest things in surgery. Great pains had been taken to test the value of the ligature, and he thought that the question had been set at rest. One point urged against it was, that it gave rise to suppuration, and thus favoured pyæmia. Of this he was doubtful, as he had often observed that patients, after operation, had feverish symptoms which gave rise to great anxiety, but which passed off as soon as suppuration set in. In fact, he always calculated on suppuration as relief to the patient. He thought that the tracts of the ligatures acted as vents for the discharge of pus; and as regards their preventing healing by first intention, he would say that the advantages of this kind of union were overrated. Suppose the stump did heal by first intention, it could not be used for weeks—for months, as it was in great measure new material, which would not bear pressure. In fact, the ligatures were of advantage in this way, that they prevented the patient using his limb too soon.

Mr. Barwell said that the great compression the tissues must necessarily undergo would interfere very much with the circulation of the part, and in the case of partial amputation of the foot recorded by the author, he feared that the sloughing was due to strangulation. Pyæmia might follow without the previous local formatus of pus. He had tried acupressure in small vessels, and had found it as useful as the ligature, but would not like to try it with such arteries as the superficial femoral.

Mr. Holmes said that the great advantage the author hoped to gain, by his method was a freedom from suppuration, and yet in not one of his cases was this the result. He thought, as Mr. Barwell did, that wires would strangulate the tissues.

Mr. Maunder said he was not aware that cases of pyæmia occurring without the existence of a breach of the surface of some part of the body had been undeniably observed, and therefore thought that until such fact was established, and while pus was deemed to be a fruitful source of pyæmia, any means suggested to favour the closure of wounds by primary union would be willingly accepted and tested by the profession. He had always been taught that the early healing of wounds was a great desideratum, by saving time, pain, and inconvenience to the patient, and by diminishing the risk of pyæmia, erysipelas, &c. The author's arguments in favour of the wire and in preference to the silk ligature were, at any rate, theoretically sound, and based upon indisputable physiological and pathological grounds. Notwithstanding the preference for the silk ligature which had been expressed by the first speaker he (Mr. Maunder) was of opinion that the principle of controlling arterial hæmorrhage, advocated by the author, whether needles or wire were used, was a good one, and should be fairly and honestly tried.

Mr. Barwell would refer Mr. Maunder to "Virchow's Pathology," for facts in support of his opinion that suppuration did not necessarily precede pyæmia.

Mr. Spencer Wells trusted that the respect with which Fellows of the Society must receive the remarks which fell with such authority from so experienced an operator as Mr. Fergusson would not induce them to regard the suggestion of Mr. Dix as either unimportant or unworthy of a full and fair trial. The tendency of modern surgery was towards simplicity in all things, and, as compression seemed to be a simpler mode of stopping bleeding than the ligature, by all means let us see if it were equally effectual. In the treatment of aneurism nobody thought of using the ligature in a case where compression could be used, unless compression had failed. It was much simpler to stop the current of blood in an artery than to destroy ever so small a portion of the coats of that artery; and, if this were true in the case of aneurism, it was equally so in the closure of a divided artery. If compression for twenty-four hours were enough to seal or plug up a divided artery, it must surely be better simply to close it in that way, without the additional process of destruction and separation of the strangulated portion of the vessel which necessarily followed the use of the ligature. The objection raised by Mr. Barwell, and supported by Mr. Holmes, seemed to him (Mr. Wells) to be very unimportant, for it must be perfectly easy to apply such a degree of pressure as would compress a vessel enough to stop bleeding, without the slightest fear of injuring any of the parts pressed between the vessel and the skin. It was probably of little or no importance whether wire or silk were used; and silk would seem to offer many advantages over wire, especially as to the facility of removal. At any rate, Mr. Dix had brought sufficient evidence before them to render a fair trial of his method not only advisable, but necessary. If not on man, this was a case in which experiments might with perfect propriety be made on the lower animals. The subject was too important to be passed over without a careful investigation, by experiment, whether the advantages of the compress over the ligature were or were not real.

Mr. Dix said that he rose with much diffidence, and especially so because his reply must be chiefly directed to the remarks of Mr. Fergusson. "Of course (he said) I feel myself unable to cope in surgical discussion with so great a surgical authority; nevertheless, it is somewhat encouraging to find that such an opponent, though uncompromising, and inclined to be severe, find so few real and substantial objections to the subject of my paper. His lengthened argument amounts simply to this, that he is content with the ligature. In support of this position, he tells us that he thinks it a matter of little moment whether a wound heals by primary union or by suppuration. In fact, of the two he seems to prefer the latter. Sir, I have come a considerable distance to attend this meeting, and I certainly shall not return without having gained a new idea. This doctrine is altogether novel to me. It is utterly subversive of all I was taught as a student, and is entirely opposed to my own somewhat extensive observation and experience. I think it will find but few supporters in this room, or amongst the profession at large. We have been told that, as regards the time at which a stump becomes useful, little is gained by primary union, and, in the same breath, it is somewhat inconsistently stated that suppuration is inevitable—that an amputation cannot be healed without it. This, sir, is a fallacy. Primary union is rare, no doubt, but not impossible. I have seen it myself, and others have here and there met with an isolated case. About five years ago I amputated the leg just below the knee. In this case, although ligatures were used, there was never a trace of pus; in about six days this stump was entirely and soundly healed. I must say that I thought this a very good thing, and, with all deference to the great authority in opposition, I must still retain my humble opinion, that it is far better than a suppurating stump. I am fully persuaded that the chief reason why this good result does not oftener occur is, that those surgeons who doubt its possibility do not adopt the best means to favour its occurrence. He who hopes most and attempts most will attain most, and I have given reasons for believing that there is no surer step in this direction than the disuse of the ligature. Pyæmia, we have also been told, is not necessarily connected with the presence of pus. This may be so. It may be that there is such a disease as idiopathic pyæma, but it is a doubtful point and difficult of proof. A far more certain thing is that pyæma can mostly be traced to a pyogenic source, and it is well known by fatal experience that it occurs most frequently in conjunction with an unhealthy suppurating stump. Hence I have argued in favour

of endeavouring to prevent or to lessen the duration of suppuration. My cases, I grant, are few, because my opportunities are not frequent, but I may claim for them that they have been carefully and anxiously worked out under considerable difficulties and with a weighty responsibility; and I am perfectly convinced that they afford good ground for believing that this little device is likely to be of real practical utility, or I should not have appeared here to-night. But I plead not guilty to the charge of having exaggerated the evils of the ligature, or of having made too much of my own cases. I have expressly and emphatically stated that I have as yet obtained no better results than might have been obtained by the use of ligatures, though I hope ere long to do so. That the ligature is an old friend, well-tried and trustworthy—has been successfully used for years, and does well enough, that somewhat similar attempts to find a substitute for it have failed, belong to that kind of reasoning by which all abuses are defended, and all attempts at improvement are ignored and abolished; they are not of much weight on the present or on any other occasion. Mr. Barwell also seems to have a friendly feeling towards the ligature; but his dread of sloughing, from the strangulation produced by the wire is, I can assure him, purely imaginary. If he will try the experiment, he will probably be surprised to find how little pressure is needed to stop the bleeding from even a large artery. The needles of Dr. Simpson do produce injurious and inconvenient compression, but the wire compress does not, and it is one of the advantages I have claimed for it over the needles. I have fully shown that it is safe, effectual, and manageable; and I have no doubt, from the attention which has been given to my humble efforts to-night, and from the ventilation which the subject has here received, that the wire compress will soon be put to the proof by others who have better and more frequent opportunities than I have; it may be, perchance, to the advancement of the science of surgery, and to the benefit of suffering humanity."

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JANUARY 7TH, 1863.

DR. TYLER SMITH, President, in the Chair.

A preparation of concentrated Beef-Tea was exhibited to the Society by Mr. BUCKLE, Culinary Chemist, of North-place, Gray's-inn lane, convenient for administration in cases where expeditious employment of nutritive material is required.

Dr. AVELING, of Sheffield, read a Paper

ON VAGINAL LITHOTOMY.

The paper commenced by reciting the particulars of thirty-five cases in which this operation had been performed—twelve British, and twenty-two foreign. The author also gave another case, in which he divided the vesico-vaginal septum, and extracted a small rough stone. The wound was brought together with sutures. Gilt beads were passed over the ends of these, and run down to the lips of the wound. These were kept in position by a perforated shot, also passed over the ends of the sutures, and tightened upon them by a pair of forceps. He proposes in future to use a coil, made by winding a piece of the suture wire round a pin, instead of the beads. The wound healed in a week, and the patient returned to her home in a fortnight.

Mr. SPENCER WELLS congratulated Dr. Aveling upon the successful result of his interesting case, and heartily concurred in the tribute he had paid to the services of Dr. Marion Sims. But he (Mr. Wells) had begun to doubt whether the success which had followed the operation for the cure of vesico-vaginal fistula of late years was so much due to the use of wire sutures as to the improvements which Dr. Sims had originated in the mode of bringing the fistula into view, accurately paring the edges, and bringing them into perfect apposition. Provided the edges of a fistula were thoroughly pared, and kept in close apposition, it was probably of little importance how this was done. A year ago he (Mr. Wells) was as strongly in favour of metallic sutures as anybody; but latterly a wider experience had taught him that it is not only after five or six days that wires show any advantage over silk, and before that time the sutures ought to be removed. Then silk offers the great advantages over wire of being more easily applied, if not requiring so large a needle to pass it, of the ends being much less irritating, and of being more easily removed. After many comparative trials on different parts of the same wound with wires of silver, iron, lead, platanum, and aluminum, and with fine catgut, horse-hair, telegraph wire, india-rubber thread, and the fine strong silk known as "Chinese twist," he had become convinced that wires offered no advantage over silk, while silk offered many advantages over every other material used for sutures. In a recent case he had closed a vesico-vaginal fistulæ by five silk sutures, and perfect union resulted, although no catheter was used. The supposed necessity for the use of the catheter after closing vaginal fistula, was another error which time was correcting. The urine is by no means so irritating a fluid as some believe. The lower orders use it as a lotion to the eyes and to sore legs; and it certainly cannot differ much from the dilute saline solutions constantly prescribed as astringents or stimulants. The use of the catheter is the most troublesome part of the after-treatment, and often most distressing to the patient. One of his patients really could not bear it, yet she did perfectly well; and lately he had not used it at all, union taking place quite as well as when it was used, and the patient being much more comfortable. With regard to stone in the bladder during labour being a case of vesico vaginal fistula, he had once removed, in the Samaritan Hospital, a large stone through a fistula before closing it; but it was very questionable whether it could often be necessary to remove a calculus through the vagina when no fistula existed, or to run the risk of making a fistula to remove a stone. Lithotrity was very easily performed in women; and large fragments of stone passed readily through the short female urethra, so that no form of lithotomy could often be called for. Simple dilatation of the urethra was not likely to answer in any case not suitable for lithority, and its effects are very uncertain—a large stone might be removed, and no incontinence follow; but incontinence might follow removal of a very small calculus. The usual aid to dilatation by incising the urethra was still worse. A surgeon of very large experience had told him that he had done it for two adults and seven children, and "they were all dribblers." Where, from some exceptional condition of bladder or stone, lithority was inappropriate, vaginal lithotomy might, therefore, become a valuable operation; but experience was still wanting to show that it was better than, or as good as, the lateral operations so successfully practised by Dr. Buchanan, of Glasgow. The subject was a comparatively new one, and Dr. Aveling deserved the thanks of the profession for the light he had thrown upon it.

Births, Marriages, and Deaths.

BIRTHS.

BARKER.—On the 20th ult., at Bedford, the wife of T. H. Barker, M.D., of a daughter.

DAVIES.—On the 19th ult., at Cymmer, Rhondda Valley, the wife of H. N. Davies, L.R.C.P. Edin. (exam.), of a daughter.

FLOWER.—On the 28th ult., at Lincoln's-inn-fields, the wife of W. H. Flower, F.R.C.S.E., Conservator of the Museum of the Royal College of Surgeons of England, of a daughter.

PAGE.—On the 24th ult., at Queen street, Mayfair, the wife of W. E. Page, M.D., of a son.

SUMNER.—On the 19th ult., at Wellington terrace, St. John's wood, the wife of William A. Sumner, M.R.C.S.E., of a son.

WILSON.—On the 20th ult, at West street, Gateshead, the wife of R. H. Wilson, M.D., of a daughter.

MARRIAGES.

GRAHAM—RUTTLE.—On the 24th ult., at Grangegorman, R. Graham, L.R.C.S.I., to Isabella Elizabeth, second daughter of the late D. Ruttle, Esq., formerly of Rathkeale.

RUDALL—SCOT.—October 10, at Richmond, Victoria, J. T. Rudall, F.R.C.S.E., to Georgiana Gordon, younger daughter of the late Alex. Scot, Esq., of Trinity, Mid-Lothian.

SKEGG—MAJOR.—On the 27th ult., at Deptford, J. J. Skegg, L.R.C.P. Edin., to Julia, youngest daughter of G. Major, Esq., of Deptford.

WATKINS—ALVES.—October 28, at Berbice, Walter Watkins, Surgeon, of Brecon, Wales, to Sarah Lucy, eldest daughter of the late J. Alves, Esq., of Enham, Hants.

WAYLEN—HARDEY.—November 20, at Guildford, Western Australia, Alfred Robert Waylen, M.D., to Elizabeth Louisa, second daughter of the Hon. J. W. Hardey, of the Grove, near Perth, Western Australia.

DEATHS.

BOULT.—On the 24th ult., Edmund Boult, F.R.C.S.E., of Boult, formerly in the Bengal Service, aged 48.

CHALMERS.—On the 22nd ult., at Union street, Aberdeen, William Chalmers, Staff Assist.-Surg. Army, Dec. 14th, 1858, late of the 1st Royals, aged 28.

DAVIS.—On the 16th ult., at Upton-on-Severn, Thos. Davis, Surgeon, aged 73.

FOWKE.—On the 24th ult., at Wilton house, Ryde, Isle of Wight, Fred. Fowke, M.R.C.S.E., aged 57.

HARVEY.—November 10, at Melbourne, Henry Hope Harvey, M.R.C.S. Eng., formerly of Bristol.

TURNER.—On the 8th ult., Thomas William Turner, M.R.C.S.E., of Deddington, Oxfordshire, aged 67.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 22nd inst.:—John Lovell Arnott, M.D., Cheltenham; Charles Henry Butlin, Camborne, Cornwall; Denis Joseph Canny, Dublin; William Cooper, L.R.C.P., Beaumont street, Cavendish-square; William Clement Daniel, M.D., Kennington; Jacob De Leon, Jamaica; Thomas Thomson Dick, M.D., Ayr Arthur John Farwell, Chipping Norton; George Gregson, Harley-street; Horsley Thomas Mapleson, Westbourne-place; Robert Meadows, M.D., Ipswich; George Smith, Hampstead road; William Frank Smith, Nottingham; Philip Henry Pye Smith, Hackney; John Edward Thornburn, Cookermouth.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 22nd inst.:—Henry Addison Hobbs, Croydon; Thomas Cargill Nesham, Newcastle-on-Tyne; George Edward Walker, Wigan, Lancashire.

University College Hospital.—At a recent meeting of the Council, Dr. Harley and Dr. Wilson Fox were elected Assistant-Physicians to University College Hospital.

Amputations on the Battle Field.—By a recent order of the Surgeon-General of the United States Army, thigh amputations on the battle field are positively forbidden.

Royal Infirmary for Asthma.—At the meeting of the governors of this institution on the 22nd inst. it was stated that the new buildings about to be erected would cost 2387*l.*

Medical Society of London.—A course of three Lettsomian Lectures will be given by Mr. Thomas Bryant, F.R.C.S., Assistant Surgeon to Guy's Hospital, on February 9th, 16th and 23rd, "On Surgical Diseases of Children."

Dr. Brown-Sequard's Clinical Lectures at the Hospital for the Paralysed and Epileptic will commence on Thursday, February 5th, at four o'clock. Practitioners and students will be freely admitted on showing their cards.

Oxford University.—The Linacre Professor of Anatomy and Physiology (Dr Rolleston) commenced a course of lectures on Monday, February 2nd at one o'clock. He also proposes to form classes for practical instruction as in former terms.

The Metropolitan Convalescent Institution at Walton-on-Thames, for the reception of convalescent patients from the metropolitan hospitals, is about to be enlarged. A new wing will be added, to contain sixty beds. The estimated cost is 4000*l.*

A New Solid Bandage has been recently contrived by Dr. Hamon. The material is gelatine or common glue, to which, after being dissolved in water, a portion of alcohol is added. The limb is then padded, in parts where considered desirable, and a bandage applied. This bandage is then brushed over with the solution, and allowed to dry; the process being continued until sufficient thickness is obtained. If then cut open at the side, a stiff but sufficiently elastic sheath is formed, which fits the limb, and can be removed and replaced at pleasure.

Death of Professor Lehmann.—The scientific world experienced last week a great loss by the sudden death of Prof. Lehmann, of Jena, whose chemical labours are known and highly valued all over Europe. The departed philosopher died of apoplexy, and had hardly attained the meridian of life.

Registration of Births and Deaths (Ireland).—A deputation waited on Sir Robert Peel a few days ago, to urge upon him the necessity of introducing, during the coming session of Parliament, a government measure for the registration of births, deaths, and sickness, in Ireland. Sir Robert Peel informed the deputation that the subject would engage the attention of the government at an early period.

Bradford Infirmary.—It is proposed to enlarge the Bradford Infirmary and Dispensary, by the erection of an additional storey over the whole of the present building with the exception of the operating room, and by the addition of other smaller rooms. The estimated cost of these alterations is 3300*l.*

Idiot Memory.—In the Earlswood Asylum for Idiots, under the care of Dr. Down, there is one young man about 20 or 22 years old, whose accurate memory of historical dates and events is astonishing. He will sustain a conversation on historical subjects with remarkable spirit and acumen.

Royal College of Surgeons.—Professor Gulliver will, early in June, deliver six lectures on "Blood, Chyle, and Lymph," in continuation of his former course on "Blood;" and Professor Samuel Solly, F.R.S., will deliver six lectures on the "Brain and Some of its Diseases." The annual election of Fellows into the Council will take place, as usual, in July. The next Primary or Anatomical examination for the membership of the College will commence on Saturday, April 4, and the Pass or Surgical and Pathological examination on April 18. An examination for the Midwifery licence will take place on Wednesday, the 11th proximo. The following prizes, offered by the Council of the College, are open for competition by the Fellows and Members of the College, viz,:—The subject for the Collegial Triennial Anatomical Prize, of fifty guineas, is on "The Structural Anatomy and Physiology of the Lymphatic Vessels and Glands (the Anatomical Distribution not being required); the Communications (if any) between the Lymphatics and the Blood-vessels to be demonstrated; and the Influence if any, which the Lymphatic Vessels or Glands exercise on the Fluid they transmit, to be elucidated. The Dissertation to be illustrated by Preparations and Drawings." The essays must be sent in on or before Christmas-day, 1864. The subject for the Jacksonian Prizes of twenty guineas, for the present year, 1863, are on "The Pathology and Treatment of Diseases of the Larynx: the Diagnostic Indications to include the Appearances as seen in the Living Person; the Dissertation to be illustrated by Drawings and Preparations;" and, "The Normal and Pathological Anatomy of the various Synovial Bursæ connected with the Muscles and Tendons of the Upper Extremity, and the Treatment of their Diseases; the Dissertation to be illustrated by Preparations and Drawings." The essays must be sent in on or before Christmas-day next. The terms and conditions may be known on application to the Secretary.

Crocodiles in the Old Red Sandstone.—A paragraph has been inserted in several of our contemporaries, announcing that the remains of a crocodilian reptile had been derived from the *old* red sandstone in the neighbourhood of Elgin. We have only to remark that the bed in question, whence the *Leptopleuron lacertinum* was derived, appertains to the triassic age, and that remains of a thecodont reptile with crocodilian scales)*Steganolepis Robertsoni*), from the locality are in all our public collections.

Towers of Silence.—"There exists in Bombay, on one of the fairest spots of Malabar-hill, a wide extent of ground, allotted to one of the vilest purposes which it ever entered into the heart of man to conceive. Here we have in modern times the vulture preying upon the dead body, as in heathen mythology the bird is reported to have done on the living! The 'Towers of Silence' are immense structures of varied diameter, raised twenty, thirty, or more feet from the ground, in the centre of which is a well, covered by an iron network, frame, or grating. On the latter are placed the corpses of the Parsee population, and before the mourning relatives have left the grounds, hundreds of carrion birds, of voracious vultures and hungry crows, are quarrelling, fighting, clawing, like so many ornithological devils, at the specimen of humanity exposed to their ravages. The delicate Parsee female, the portly merchant, the withered sexagenarian, are all thus disposed of, and we are credibly informed that two hours after the deposition of any body in the 'Towers of Silence,' bones alone are to be found, which are eventually thrown down into the well enclosed in the tower. At the same time the loathsome carrion birds, with their bald heads and hideous claws, arrange themselves in rows on the summit of the towers, bloated and surfeited from their goul-like feasts, secure in the knowledge that, by waiting where they are, a repetition of the festival will take place to-morrow! But the blood, bones, and fluids, of the body must escape the voracity of the carnivorous birds, and, gravitating downwards within the tower, there undergo the inevitable process of decomposition, rising thence in pestiferous gases, which are only less hurtful than the miasma of the grave yards, simply because the altitude of Malabar-hill allows the free breezes of the ocean to sweep them off into infinite space. We are, however, credibly informed that neighbouring residents are not unfrequently annoyed by the 'Towers of Silence,' and this not only by pestiferous effluvia, but in a more demonstrable manner. Thus, we have heard it rumoured that it occasionally happens that feathered bipeds may be seen pursuing one another, and quarrelling over pieces of the humane form divine! Nay, more— tales of our intrusive friends, the crows, hopping into verandahs with digits in their beaks, have before now been related. The Parsees, who owe not only their wealth but their very location to the British, must not be longer suffered to carry on such a nuisance in the fairest parts of Bombay. They, equally with all sects, must remove their 'Towers of Silence' without the island, and, having been made to take this step in advance, it may reasonably be expected, with a race so 'Europeanised,' that they will eventually hit upon some less loathsome method for disposal of their dead."—'Bombay Saturday Review.'

Society for Relief of Widows and Orphans of Medical Men in London and its Vicinity.—A half-yearly general meeting of the members of this society was held on January 28, T. A. Stone, Esq., President, in the chair. It appeared that during the past year 1,933*l.* had been distributed in half-yearly grants amongst 43 widows, and 26 orphans of former members, 10*l.* 10s. in immediate relief to a family, 45*l.* towards the self-maintenance of two older orphans, 15*l.* for extra relief to a widow, and 20*l.* as a special grant to an adult son in great distress and illness abroad. We are happy to state that a much greater number than usual of new members had been elected by the society, and we hope that this increased ratio may continue, so lamentable, and often so unexpectedly, is the condition of families of deceased medical men. The following officers and directors for the ensuing year were elected, viz.:—*President.*—Thomas Arthur Stone, Esq. *Vice-Presidents.*—Martin Ware, Esq., Everard A. Brande, Esq., Peter M. Latham, M.D., John Bacot, Esq., Thomas Turner, M.D., D. Henry Walne, Esq., A. J. Sutherland, M.D. F.R.S., Edward Tegart, Esq., George Burrows, M.D., F.R.S., John Miles, Esq., Sir John W. Fisher, and Cæsar H. Hawkins, Esq., F.R.S. *Treasurers.*—James T. Ware, Esq., G. Hamilton Roe, M.D. (Atg.), and Richard S. Eyles, Esq. *Directors.*—B. G. Babington, M.D., J. Wetherfield, Esq., John J. Sawyer, Esq., Thomas Brown, Esq., C. J. B. Aldis, M.D., Wm. Dickinson, Esq., J. C. Salisbury, Esq., Henry Blenkarne, Esq., T. King Chambers, M.D., John Clarke, M.D., Daniel Scannell, Esq., Prescott J. Hewett, Esq., William Catnow, Esq., W. J. Little, M.D., J. Gregory Forbes, Esq., Wm. Munk, M.D., Barnard W. Holt, Esq., Charles Miles, Esq., Henry Sterry, Esq., Alder Fisher, Esq., Henry Jeaffreson, M.D., James Paget, Esq., H. S. Illingworth, Esq., and Francis Hawkins, M.D. The 75th anniversary dinner of the society is appointed to take place on the 20th of May at the Albion Tavern. Stewards names are requested.

THE WAY OF REWARDING MERIT IN FRANCE.—The rewards granted by the French Government to the exhibitors at the Brompton Palace, last year, were lately distributed with great *éclat* in Paris. Among the jurymen of the 17th class, Messrs. Balard and Nélaton were raised to the rank of Commander of the Legion of Honour. To the rank of officer, Messrs. Barral, Bella, Demarquay, and Wurtz. To the rank of knight, M. V. Masson, medical bookseller. Among the exhibitors, Messrs. Charriere, jun., Luer, and Mathieu, have received the Cross of the Legion of Honour, with the rank of knight. We beg especially to draw attention to the last four names: we are afraid that such flattering distinctions are seldom or ever granted to men of equal merit and the same occupation, in this country.

GERMAN HOSPITAL.—The plan for the new building, now before the committee, will cause an outlay of several thousand pounds more than originally intended, in addition to 3,000*l.* or 4,000*l.* for furniture, &c., the conditions on which Mr. Huth's promise of a donation of 2,500*l* having been fulfilled, more than the stipulated amount of 1,500*l.* have been subscribed.

APPOINTMENTS.—Hugh Andrew, L.F.P.S. Glasg., has been appointed surgeon for the parish of Kilwinning, Ayrshire.—J. Hutton Balfour, M.A., M.D., Professor of Botany in the University of Edinburgh, has been elected Hon. Member of the Edinburgh Geological Society.—Jas. J. Foley, M.R.C.S.E., has been appointed Surgeon to the Constabulary, Killeagh, co. Cork, vice F. Jervois, M.R.C.S.E., deceased.—Wilson Fox, M.D., has been appointed Asst.-Physician to University College Hospital.—Wm. Holland Gore, L.R.C.S.I., has been appointed Medical officer, (pro. tem.), for the Tramore Dispensary District, Waterford Union, during the illness of Wm. Waters, L.K.Q.C.P.I. — Fitzgibbon Lockwood Graham, L.R.C.S.I., has been elected Medical Officer and Public Vaccinator for the Cellbridge Dispensary District of the Cellbridge Union, co. Kildare, vice R. H. Mouritz, L.R.C.S.I., resigned. — H. Horton, M.R.C.S.E., has been elected Medical Officer for the West District of the Parish of Wednesbury, West Bromwich Union, the Parish having been divided into two Medical Districts.—R. M'Donnell, M.D., has been elected one of the Medical Visitors to the Jervis street Hospital Dublin, vice Alex. M'Donnell, L.K.Q.C.P.I., deceased.—Charles Offor, has been appointed Resident Dispenser to the Clapham General Dispensary, vice W. Evans, resigned.—George Pearce, M.D., has been appointed Medical Officer and Public Vaccinator to the No. 1 District of the Market Harborough Union, Leicestershire, vice John Ody, M.B., deceased.—Wm. Symth Russell, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Eckington District of the Chesterfield Union, vice Jabez Harwood, M.R.C.S.E., deceased.—J. Burdon Sanderson, M.D., has been appointed additional Assistant-Physician to Middlesex Hospital, vice F. Weber, M.D., resigned.—T. E. Shannon, M.D., has been elected Medical Officer for the Ropsley District of the Grantham Union, Lincolnshire, vice Dr. Richard Cleeve Hoyle, L.R.C.S.E., resigned.

APPOINTMENTS FOR THE WEEK.

Wednesday, February 4.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Obstetrical Society of London, 8 p.m.—Mr. Baker Brown, "On Vesico-Vaginal Fistula; Results of 55 Operations at the London Surgical Home."—Dr. Shortt, "On the Medical History of Women in India."

Thursday, February 5.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m. Prof. Frankland, "On Chemical Affinity;" National Hospital for the Paralysed and Epileptic, 4 p.m.—Dr. Brown-Séquard, "On the Diagnosis and Treatment of the Various Forms of Paralysis and Epilepsy.'

Friday, February 6.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Royal Institution, 8 p.m.—Mr. James Glaisher, "On Aerial Scientific Researches;" Western Medical and Surgical Society of London, 8 p.m.—Practical Evening for the Narration of Cases and the Exhibition of Specimens.

Saturday, February 7.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing cross Hospital, 2 p.m.; Royal Institution, 3 p.m. Mr. W. S. Savory, "On Life and Death."

Monday, February 9.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.; Royal Institution, 2 p.m.—General Monthly Meeting; Epidemiological Society, 8 p.m.; Medical Society of London, 8½ p.m.

Tuesday, February 10.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.; Royal Institution, 3 p.m.—Prof. Marshall, "On Animal Mechanics." Ethnological Society, 8 p.m.—Mr. Dunn, "Some Observations on the Psychological Differences which exist among the Typical Races of Man;" Pathological Society, 8 p.m.

BOOKS RECEIVED FOR REVIEW.

Medical Psychology. By R. Dunn, Esq., F.R.C.S. London: John Churchill.

Anatomy of the Parts concerned in Femoral Rupture. By G. W. Callender, Esq. London: John Churchill and Sons.

NOTICES TO CORRESPONDENTS.

Dr. J. R.—The decision in Re Gibbon *v.* Budd, is not likely to be affected as regards licentiates. The question to be considered will probably be, whether the College can exercise a power of making regulations that over-ride the plain words of the Act from which the power is derived, and also whether they can make a bye-law affecting a portion only of the members of the college, and not the whole college. It is certainly contrary to common sense and the spirit of our laws, that any derived power should supersede the authority from which it is derived. On the other hand, however inconsistent it may appear to be, the Act distinctly confers the power on any College of Physicians to make such a bye-law: so that we do not apprehend that the lawyers would find much to say about the matter.

S. O.—Certainly.

GIBBON *v.* BUDD.

To the Editor of the Medical Circular.

SIR,—I have read with some interest the legal case inserted in the MEDICAL CIRCULAR of this day's date, entitled Gibbon *v.* Budd, according to which it appears that Dr. Gibbon, a member of the College of Physicians, lately sued the executors of the late Mr. Budd for twenty-one pounds, as the amount of fees due to him for visits made to deceased. On this case you have published a leading article, the decision arrived at in which is as erroneous as that of the *lawyers* concerned. On referring to the 31st clause of the Medical Act, it is evident that any *member* of any College of Physicians may be considered to be bound by the bye-laws of the College to which he may have attached himself, and, therefore, as there exists a bye-law of the College to which he belongs, to the effect that he cannot take money for advice in any other shape than as an honorarium, he cannot have any *legal* right to make any demand for advice given. Had Dr. Gibbon been independent—i.e. *unattached to the College*—he could have made a legal charge for attendance upon his patient. Yours truly,

January 28, 1863. SCRUTATOR.

A SUBSCRIBER.—The advice cannot be altogether relied on. Opinions change very much on such matters. We would advise you "to wait a little longer."

Mr. BAKER.—The communication has come to hand.

Mr. H. JOHNSON.—Received with thanks.

MEDICUS (Brompton).—1st. No.—2nd. No.—3rd. It would be impossible to give an opinion without a perusal of the document.

Dr. H. W.—There is a good article in the 'Social Science Review' (Jan. 24), on the shortcomings of our Hospital system. It serves to show how strong is the hold which the opinions of the MEDICAL CIRCULAR—disseminated in various ways—have taken of the general mind.

CHIRURGUS.—Disease of the supra-renal capsules may exist *without* bronzing of the skin; but whenever bronzing of the skin occurs there would be a strong evidence of disease of the capsules.

W. H. B.—1st. Yes.—2nd. The office of Medical Officer to the Privy Council is nothing better than a sinecure; and, judging from Mr. Simon's declared views on the St. Thomas's Hospital question, it has become a stumbling-block to rational improvement.

Mr. TWEEDIE writes to correct an error in his signature to a letter that appeared in this journal last week. It should have been "A. C. TWEEDIE," not "A. TWEEDIE."

CARBOLIC ACID.

To the Editor of the Medical Circular.

SIR,—In answer to repeated queries in reference to Carbolic Acid, I may state for the information of your readers, where Carbolic Acid and its compounds are to be obtained. I have answered by letter those enquiries that have been made to me, as far as possible; but Dr. Tweedie's letter of last week needs a reply. 1st. I repeat that Carbolic Acid is soluble in water, in the proportion of half a drachm of the former to eight ounces of the latter. That it only requires shaking in a bottle with the water, and it will readily mix.

2nd. That the odour depends upon its purity. That which I have used and experimented upon was obtained from Messrs. Hopkin and Williams, Great Cavendish street, and its smell is anything but disagreeable. Its cost is 6s. the pint. The crude Carbolic Acid is only 1s. 6d. the gallon, and can be obtained of Mr. G. Boor, Druggist, Bishopsgate street, Without. This is the best for sewerage purposes, and for deodorising urinals. The Carbolate of Lime or (McDougall's disinfecting powders), is only 10s. 6d. the cwt., and is the best form for sick-room use.

Carbolic Acid exists in several forms. The purest is crystalline, not liquid. But for medical and surgical use, that which is liquid and resembles Glycerine, is the most preferable. I am, &c.,

Carlton house, Enfield, N., BENJAMIN GODFREY.

Jan. 29, 1863.

Dr. J. G.—Communication inserted.

Mr. WM. NICHOLAS.—The lecture has been received.

MACHEON.—Inserted.

Dr. HENRY ROGERS' proposal for a Cottage Hospital has been received. He has our cordial wishes for its success.

Dr. ABBOTTS SMITH.—Letter on "Santonine" received and inserted.

*** The appeal on the subject of the "Royal Medical College, Epsom," shall appear next week.

HOTEL-DIEU.

(PROFESSOR TROUSSEAU'S WARDS.)

Pathology and Treatment of Glucosuria.

Two patients may at present be seen in Mr. Trousseau's wards, and a comparison of their cases is not without interest. The first is a woman aged thirty, who for five months has been affected with marked diabetes, the other is a man who two years since presented the symptoms of the same disease, but in whom for the last few months signs of cerebral disturbance have been observed, without any concomitant glucosuria.

The female patient was admitted into the Hotel Dieu on the 5th of August, 1862. One month before, and without any tangible cause, she experienced an extraordinary degree of thirst, and in the course of a very few days she noticed on the lower parts of her under garments a starched appearance, and white stains analogous to those which might be induced by the evaporation of a solution of sugar. At the same time, a voracious appetite coincided with loss of flesh and debility. Her sight then began to fail her, and became less distinct. At the period of her admission into the wards, this woman was in the daily habit of drinking nearly two gallons of fluid, and a proportionate amount of liquid was excreted from the kidneys. Large doses of bi-carbonate of soda were exhibited without any benefit, the thirst, on the contrary, increasing in intensity.

She derived no advantage from a few weeks' residence at the rural hospital of Vesinet. Here her usual daily allowance of beverage was twenty pints, and she returned to the Hotel Dieu, much emaciated, and suffering at night from feverishness and perspiration. The amount of urine passed in the day was fourteen pints, with a specific gravity of 1049, a figure much superior to the average standard in health.

Mr. Trousseau's second patient is a policeman, aged about thirty, of perfectly temperate habits from taste and from necessity. In this, as in the preceding case, the disease set in without any appreciable cause, such as external injury of the head or mental emotions, and the first symptoms observed were intolerable thirst and a considerable increase of appetite. The man drank as much as five gallons of beer daily, to say nothing of water, and passed no less than nine gallons of highly saccharine urine. This was, however, but the incipient stage of the affection. Four months ago a certain amount of habetude, hesitation of speech, and weakness of the limbs were observed. The urine was tested, and found to contain no sugar, but the excretion was more copious than ever, and as in chronic diuresis, its specific gravity had fallen to 1.007-1.005. Thus the main features of the case consisted at first in the existence of diabetes mallitus unconnected with any other nervous symptom but loss of sexual power, and in proportion as the sugar disappeared from the urine, diuresis set in.

Instances of the kind are not unusual; we have met with several in Mr. Trousseau's wards, amongst others a young man employed at the cattle market, who, in the early stage of his disease, was distinctly affected with biabetes mellitus, and at the conclusion presented merely the symptoms of diuresis. He drank eight gallons and a-half of fluid daily, passed more than nine, and eventually died of exhaustion. Another case in point was observed in St. Agnes's Ward, the diabetes being gradually converted into diuresis, and inducing fatal scurvy.

The functional disturbances observable in the incipient stage of diabetis mellitus, are deserving of attention. Thus premature presbyopy, and as Mr. Trousseau has remarked, pruritus pudendi frequently lead to the detection of saccharine urine. The importance of this symptom is enhanced by the fact, that at the time no other indication of glucosuria is present. Thus Mr. Trousseau was consulted in the course of last year by a lady from Brussels, who experienced neither exaggerated thirst, nor inconvenient secretion of urine, but merely complained of pruritus vulvæ. The urine was tested by Mr. Grassi, who discovered in that fluid a large quantity of sugar. Fifteen years previously, Mr. Trousseau was applied to by a man, aged fifty, who presented no other sign of diabetes beyond increased appetite, without concomitant thirst, but was also affected with eczema of the scrotum. The professor examined the urine himself, and acquired the proof of the presence of sugar. It is needless to observe that pruritus of the prepuce or scrotum corresponds in the male to pruritus vulvæ in women.

In most cases, the chief features of glucohæmia are the increase of thirst, of appetite, and of the renal secretion; also the stains left by the crystallized sugar on the under garments of the patient. A mower, suddenly attacked with diabetes at the hay-making season, remarked that on account of its saccharine properties, his urine attracted bees, wasps, and flies.

A brief allusion to some of the causes of the disease may not here be out of place. Glucosuria may be accidental, or may result from constitutional causes. Thus, during the inhalation of ether, the urine becomes loaded with sugar, and accidental diabetes is the result. If the origin of the eighth pair of nerves in the fourth ventricle be irritated in an animal with a style, the sugar-forming function of the liver is stimulated, and the subject of the experiment becomes, as Mr. Schiff has shown, temporarily or accidentally diabetic. Concussion of the brain, injuries of the head, fractures of the skull, and certain affections of the brain and spinal cord also induce transitory or symptomatic glucosuria. Mr. Gibb asserts that almost all children affected with hooping-cough, pass saccharine urine; and Mr. Burdel, of Vierzon, believes the phenomenon to bear habitual and transient effect of fever. In these various morbid conditions, glucosuria is comparatively an unimportant symptom, and may be compared to accidental albuminuria, but when induced by constitutional causes, diabetes mellitus is, like Bright's disease, almost invariably fatal. It is not, however, always easy to discriminate between the two varieties, and the practitioner should therefore express a guarded opinion.

Mr. Trousseau also establishes another practical division of diabetes, which he would not, perhaps, be inclined to insert in a didactic treatise on the subject, but which we gather from colloquial intercourse with the professor. In one form of the disease the patient is *fleshy*, in the other he is *thin;* the prognosis of the former is comparatively favourable, whereas the prospects of the latter are most unpromising. Persons suffering from diabetes are not always as they are represented by old writers, lean and hungry subjects, with dry skin, and unappeasable thirst, passing large quantities of water, sensitive to cold, and threatened with pulmonary, and subsequently with rental tuberculosis. As the presence of glucosuria is now detected before the malady has reached this extreme stage, we are aware that a certain degree of plumpness of body is not incompatible with diabetes, and further that unnatural obesity may sometimes be considered an unfavourable predisposition. We know that such diabetic subjects are not chilly, (*a*) that they perspire readily, drink and pass water in a healthy manner, perhaps a little more than is quite natural, but not always in the enormous proportions supposed by many. We are further acquainted with the fact that, with care, these individuals may reach the average of human life without excessive emaciation, and without any symptoms of pulmonary or renal phthisis.

We may now turn to Mr. Trousseau's remarks on the treatment instituted in the case of the female patient alluded to above.

In order to understand correctly the guiding principles of therapeutics in diabetes, it is proper to glance at the pathology of the disease. Explanations in this respect are not wanting. Some authors conceive glucosuria to consist in a disturbance of the first stages of gastric or intestinal assimilation, in a sort of dyspepsia, although in general, in the early periods of diabetes digestion is accomplished in perfection. The Chemical School opined that the saccharine matter detected in the urine was exclusively supplied by the nutriment. Such was the state of the question when Mr. Ch. Bernard demonstrated that the liver

(*a*) View with suspicion, says Mr. Trousseau, stout persons who light no fire in winter, and sleep without blankets in the cold season. *These subjects are gliding into diabetes.*

secreted both bile and sugar, and that glucosuria is induced by a nervous influence. It is unnecessary to dwell on the proofs adduced by the learned experimentalist in support of his theory; they are fully admitted by Mr. Trousseau, who considers diabetes in the light of a *neurosis*.

This doctrine accounts in a satisfactory manner for the beneficial influence of the course of treatment recommended by chemists, and for the felicitous results which seem to justify the use of animal diet, and the exclusion of farinaceous food. The latter brings into play the gastric and pneumogastric nerves, which excite the liver to secrete the saccharine matter by a mechanism analogous to that brought into operation by direct irritation of certain parts of the brain and spinal cord—animal diet exclusively consisting of meat, eggs, fish, milk, cheese, and gluten bread—causes, it is true, the sugar to decrease in amount, and even entirely to disappear from the urine; but the patients soon lose their appetite altogether, and suffer more discomfort from the treatment than from the disease from which it has been instituted.

A mixed regimen, in which animal nutriment predominates, is not open to this objection, and is considered by Mr. Trousseau as far preferable to exclusively animal diet. He therefore concedes the use of a small quantity of bread, and, in addition to fresh green vegetables, permits red fruit, and even grapes. By this system the practitioner does not address himself to one symptom only, at the risk of absolutely preventing nutrition. On this function, on the contrary, he bestows all his attention; and although the patient may possibly pass a little more sugar with his urine than if he were confined exclusively to the use of meat, the Professor considers it far more important to invigorate the system, and prefers trusting to the subject's own sensations in this respect, than blindly to adhere to the dictates of theory. (*a*)

The first point of treatment is, therefore, to regulate the diet; the assistance of a few remedies, the utility of which has been demonstrated by experience, may also be called in. Thus, alkaline waters will be found useful, and more especially prepared chalk, in doses of 15 grains, or half a drachm, at the beginning of each meal. It is proper, however, to alternate the alkaline preparations, and occasionally to discontinue them altogether for a time, as it is extremely undesirable to saturate the system with this class of remedial agents, the debilitating action of which, combined with that of the original disease, might promptly induce fatal consequences. The extract of valerian, in rapidly-progressive doses, from fifteen grains to one, two, and even four drachms daily, is also a valuable adjuvant. At least, the patient who suggests the present remarks would appear to have derived considerable benefit from the administration of this remedial agent, and the amount of sugar in her urine diminished under its influence—not, it is true, in a perfectly regular ratio, for in this respect singular and inexplicable variations were observed, but at least in a marked manner. We are, however, in a position to assert that from the period at which this drug was resorted to, in combination with mixed diet, considerable improvement was observed in the visual and mental powers, as well as in the bodily health.

In Germany, several authors of much repute, and Professor Piorry in France, have prescribed large quantities of sugar for the cure of diabetes. This treatment increases the amount of saccharine matter in the urine, but seems favourable to the amelioration of the general condition of the system.

We may conclude with the following remark, for which Mr. Trousseau is our authority: It must not be forgotten that from their very nature, and irrespectively of all methods of treatment, neurotic diseases present alternancies of improvement and of relapse. This circumstance greatly adds to the difficulties of the observer in the accurate appreciation of the effects of medicinal agents, and accounts for many deceptive appearances of success.

(*a*) Hydropathy is assuredly one of the most powerful tonics in our possession. In the hands of Messrs. Brachet and Fleury, this method has yielded the most satisfactory results, and was the principal element of the treatment of diabetes at Mr. Fleury's model establishment of Bellevue.—THE EDITOR.

HOSPITAL OF THE SCHOOL OF MEDICINE.

(PROFESSOR NELATON'S WARDS.)

Ovariotomy—Hematocele of the Oviduct—Cephalic Chancre, closely Resembling Epithelioma of the Eye-lid.

On the 11th of November, Dr. Robert Lee, one of the fiercest opponents ovarian excision has met with in England, again violently denounced the operators, whom he stigmatises as *belly-rippers*, at the Royal Medical and Surgical Society. According to Dr. Lee, the life of women afflicted with ovarian cyst, may for many years be protracted, by mere palliative treatment, and in no instance which ever came under his observation was extirpation called for. The statistics of ovariotomy are, in his opinion, untrustworthy. These arguments are precisely those which, up to a very recent date, have been urged in France. On careful inquiry, this opposition will be found to be invalidated by exaggeration, and we take the opportunity of reproducing the leading points of a recent lecture of Professor Nélaton on the subject.

On leaving the hospital a day or two before, the Professor met a lively, smiling, animated woman, whom at first he did not recollect, but who proved to be an old patient in whom ovarian excision was performed on the 9th of July, 1862. Her case was one of unusual interest: she had for several years borne a cyst, which, during the last twelvemonth, had rapidly increased in size. Tapping had several times been resorted to, and the intervals between the punctures had been thirty-five, thirty, and twenty-two days. On one occasion as much as forty-two quarts of liquid had been removed. The patient was wasting away, when she heard of the possibility of ovarian excision; she urgently entreated that the operation might be performed, and her request was complied with. In this instance, ascites coincided with ovarian dropsy, and, as reiterated paracentesis had established communication between the peritoneal and ovarian cavities, the fluid extracted from the peritoneum had acquired, by admixture with the contents of the cyst, the viscid appearance considered as characteristic of ovarian dropsy. The pedicle, moreover, was unusually short, adherent to the uterus, and the application of the clamp was difficult. The operation, however, was achieved without accident, and the patient in a few days left her bed, and on the twenty-second day was able to go to market. If the peritoneum continued from habit to secrete an unusual amount of liquid, it soon recovered its tone, and after the fourth week the tendency to ascites obviously diminished, a result which Mr. Nélaton had foretold as likely to follow the removal of the morbid growth which occupied the abdomen.

On the 26th of December, this woman was exhibited before Mr. Nélaton's audience, and her appearance has undergone an entire change. She can now engage in active occupations, and requires no other support than a flannel band.

This is, doubtless, a highly encouraging case, and others of the same kind have been observed during the last twelvemonth. The operation, despite its severity, should not, therefore, be systematically rejected, especially as the progress of the disease, if abandoned to the unaided efforts of nature, must, in some instances, inevitably result in death.

The difficulty of establishing the diagnosis with absolute precision is the most formidable argument which has been adduced against the practice of ovarian excision; but the surgeon now possesses every means of avoiding detrimental error. Percussion supplies him with information as to the dulness or resonance of the different parts of the abdomen, by which he may distinguish ascites from encysted dropsy. In ascites, the bowels float up through the fluid, the anterior region is sonorous, and the posterior region is dull on percussion, the contrary being the case in ovarian disease, with this hitherto unexplained singularity, that resonance is often absent on the left side. The freedom of the undulation of the liquid, and the regularity of the shape of the abdomen indicate an unilocular cyst. It is practically more important to discriminate between cysts containing a serous fluid, and those which are filled with a *viscid liquid*: the former may be cured with the

iodine injection, whereas this mode of treatment is always unavailing in the latter. If even the serous contents were mixed with blood or puriform matter, good results might still follow the injection, but the slightest viscidity of the liquid indicates that the surgeon has no resource but expectation or ovariotomy. It is now fully demonstrated that the mere removal of the viscid fluid can have no beneficial effect, but merely exhausts the vital powers; and Mr. Nélaton resorts to the exploring puncture, and allows a few spoonfuls of the liquid to escape; if it is viscid, he closes the wound and postpones all further surgical interference; if it is watery, he evacuates the contents of the tumour, and at once throws in the iodine injection.

— A woman, aged thirty-four, was admitted into the wards for the treatment of pelvic tumours, which had been supposed by her habitual medical attendant to be fibrous growths in the uterus, but proved to be of a widely different nature. By palpation of the abdomen, and by intra-vaginal examination, the presence of two hematoceles was ascertained: the first occupied, on the left side, the upper part of the true pelvis, in a spot corresponding to the situation of the Fallopian tube; it was oval-shaped, soft, slightly moveable, but was evidently connected with the uterine system. The growth was of recent formation, and its development had been attended with acute febrile symptoms, a combination of characters which was not consonant with the supposition that its nature was fibrous. The finger inserted into the vagina detected a deviation and a sort of flattening of the cervix, as if it were forced against the symphysis pubis, by some foreign body. This second tumour was a retro-uterine hematocele. Mr. Nélaton examined this patient every morning, when she suddenly lost, through the vagina, a large quantity of dark blood; great relief followed, and the sufferer considered herself cured. After an interval of a few days, however, fresh pains set in. The aperture through which the blood had escaped was vainly sought for in the vagina, but blood was seen issuing from the os uteri, and no doubt can be entertained that the hematic tumour must have discharged its contents through the womb. Mr. Nélaton accounted for the fact by the formation of hematoceles in th natural cavities of the uterine apparatus. Blood may accumulate in the oviduct, distend the tube, and constitute a liquid tumour which at last overcomes the impediment to it, evacuation, and pour out its secretions through the uterus.

This had happened in the case under consideration. But a complication existed in the shape of a retro-uterine tumour, the increase of which was the occasion of much distress. It was distinctly felt in the vagina, in the cul-de-sac of which it formed a marked protrusion. In general, the safest course is to watch patiently the progress of events, but in the present instance, the symptoms were so urgent, that the Professor unhesitatingly introduced along his finger a long incurvated canula into the vagina, as far as the protruding portion of the tumour, and a trochar was pushed into the sanguineous collection. Blood escaped, and a draining tube was placed in the aperture to prevent its closing, but, despite this precaution, symptoms of putrid absorption set in. Fever, loss of appetite, and sleep, restlessness supervened, it became necessary to remove the cause of these alarming manifestations, and the drainage tube was replaced by a catheter. A considerable quantity of offensive matter escaped with immediate relief. Mr. Nélaton prescribed, according to his custom, copious lotions. A syringe full of warm water was five or six times injected into the cavity, and this plan was persisted in until the liquid thrown in returned colourless. Tepid water containing a small quantity of iodine was then injected, as the most powerful of all disinfectants, and a cure was ultimately effected.

— On the same day, Mr. Nélaton invited attention to two women; the first had recently undergone an operation for the removal of a small cancroid tumour situated in front of the sacculus lachrymalis, and the second, although presenting a disease in all appearance similar, was submitted to a very different course of treatment. In this instance, the Professor did not feel entirely satisfied that he had to deal with another genuine case of epithelioma. Both patients were aged, but the disease of the latter had lasted but five months. Now the development of epithelial cancer is proverbially slow, and requires years to arrive at completion, and the ulcer had scarcely lasted altogether three months. Its progress would, therefore, have been unusually torpid, and whatever is unusual must be looked upon, in semeiology, with suspicion. It would, furthermore, have been necessary to admit the existence of two or three cancroid growths, as the affection was constituted by three islets, one occupying the surface of the sac, another the lower lid, and a third being situated on the margin of the upper palpebra, the mucous membrane of which was involved. Now the simultaneous existence of several cancroids is unfrequent; they may appear in succession, but seldom at the same time. Moreover, the hardness of the indurations was not so great as that of cancrous ulcers, the edges were thinner, and the fundus softer than might have been expected. In short, Mr. Nélaton very much doubted the cancerous nature of the affection, and instead of having recourse to the knife, prescribed an anti-syphilitic treatment.

Cephalic chancre and indurated chancre, are convertible terms; the primary ulcer which developes on any part of the head is almost invariably indurated, a circumstance which the surgeon should be aware of. Had Mr. Nélaton been ignorant of the fact, he might have resorted to surgical interference in a case which, in all probability, will do well under the influence of specific remedies.

Cephalic chancre, said the Professor, is almost always indurated, and the few instances of soft chancre adduced by Mr. Ricord, Mr. Diday, and other authors, are mere exceptions which do not invalidate the general rule (*a*). Mr. Ricord has vainly sought for the reason of this anomaly, which Mr. Diday would appear to have accounted for. Mr. Diday admits with Mr. Ricord, and most other writers on syphilis, the existence of a double virus, one producing soft chancre, and generating no secondary symptoms, the other giving rise to the indurated or infecting sore. But Mr. Diday further remarks, that one virus only is inoculable to the integument and mucous membranes of the head; this would not be more extraordinary than the exclusive localisation of favus on the scalp, or than the immunity enjoyed by the head from the development of scabies. We are aware that the gonorrhœal discharge cannot be inoculated in the Schneiderian membrane, and that this mucous surface is, on the contrary, the special *habitat* of glanders, and we must not therefore be surprised at finding that the nature of the *substance* exercises a considerable influence on the propagation of contagion. Whatever be the value of the explanation, the fact is undoubted, and should be borne in mind, in order that indurated chancre may not, as unfrequently has occurred, be mistaken for cancer of the lips or eye-lids, and removed with the knife. In this respect, the case of the old woman alluded to above is extremely suggestive; in this instance the diagnosis was further assisted by the discovery of glandular enlargements in the region of the parotid, and by the satisfactory results of treatment. Iodide of potassium, and Sédillot's pills (blue pill) were exhibited, and in a few days so considerable a change was effected in the appearance of the sores, that we had some difficulty in recognising the pathognomonic signs on which Mr. Nélaton had expatiated in his former description.

(*a*) The history of cephalic chancre has been carefully elucidated by Mr. A. Fournier, in *Ricord's Lectures on Chancre*, and in a special monograph. (*An Inquiry into the Nature of Cephalic Chancre.*) From the cases recorded in both these publications, which amount to upwards of one hundred and fifty, the author concludes that cephalic chancre is always and inevitably an indurated sore.—The Editor.

Blindness in Ireland.—Dr. Wilde has just issued a report of the number, sex, age, &c., of the blind in Ireland. It appears that there are 6,879 known cases, or 708 less than in 1851. These occur in the proportion of 100 males to 118 females.

Andersonian Medical Society, Glasgow.—At the last annual meeting of this Society, Dr. George H. B. M'Leod was elected President for 1863; Mr. Donald M'Raild, Secretary; Mr. John Thomas Jones, Treasurer; Messrs. John S. Mair and James Godfrey, Librarians; and Messrs. Finlay M'Dougal and John M'Gregor, Auditors.

The Medical Circular.

LECTURES ON DISEASES OF THE EAR.

By Jas. YEARSLEY, Esq., M.D.

INTRODUCTORY REMARKS IN A LETTER TO THE EDITOR OF THE 'MEDICAL CIRCULAR.'

Dear Mr. Editor,—You have been pleased to announce to your readers the publication of a course of lectures on Diseases of the Ear by myself in such flattering terms, that it will not be considered out of place or irrelevant if I attempt to justify your eulogium by a few preliminary observations, calculated at the least to prove my qualifications for the task so far as personal experiences goes, even if they should fail to show that, in attributing to me "all the improvements in modern aural surgery," you have given me credit for more than is due. Upon the latter point your readers will be led to a righteous judgment by the evidence of dates in the publication of original views and modes of practice. It is by this unerring test that claims to priority are usually conceded or denied. I propose, therefore, to take a retrospective view of the state of aural surgery as I found it at the outset of my practice, and show by what steps and through whose instrumentality it has advanced so as now to be worthy of the study of the highest order of professional intellect.

In this review from the past to the present we shall be able to point with unfailing certainty to those who deserve the gratitude of mankind, for their labours, and set a mark upon any one who has fattened in reputation and purse upon the brains of others—to wreathe a chaplet for the brow of him who is fairly entitled to the honour, to pluck it away when acquired by treachery and deceit.

The therapeutic resources of aural practitioners have a very limited range, and it is, therefore, easy to trace any acknowledged improvement to its true source. The originator of a novel idea or opinion usually also commits it to paper, and loses no time in reading it before a medical society, or in sending it to a journal which secures priority to the writer.

As I may have occasionally in the course of my papers to say a sharp word or two against one or more of my contemporaries—(they have not spared me as I shall show); let me not lay myself open to retaliation by appearing before your readers in false colours. I feel that exception may be taken to the term *lectures* as applied to these papers, for, in truth, they were never delivered, and for the best of all reasons they are not even composed. And yet, there is not a sentiment, not a practical fact, which will appear in the course of them that I have not demonstrated or enunciated over and over again before numbers of my professional brethren, who have done me the honour to bring patients to me for consultation. But let us not quarrel with names—precedents enough exist in periodical literature for the denomination of *lectures* not orally delivered. The term is particularly satisfactory to the so-called lecturer for it gives him a latitude and freedom of speech which would scarcely be compatible with studied essays or papers. I may as well at once say that the only *study*, I am disposed to give to my papers or lectures, is so to write them that they shall not only be read, but no doubt left as to their meaning, in which latter point many professional writers of the present day, most signally fail. I have sometimes accounted satisfactorily to my own mind for these failures by supposing they knew nothing whatever on the subject on which they were writing. Were I ever again to have the management of a medical periodical as I once had, I should be strongly disposed to exclude from its pages the lucubrations of every writer on medical subjects who had not been a given number of years in practice, or failed to produce evidence that he had attended and studied a given number of cases of the disease on which he wished to expatiate. The twaddle I have heard at medical societies, the trash I see in the journals by young men just emerged from the dissecting room, the wilful exaggerations which are uttered as to the number of cases which have fallen under their observation,—sometimes of a form of disease so rare that a man of the largest and longest life-experience has never witnessed half-a-dozen of them, all demonstrate the necessity of reform in the conduct of medical societies, as well as medical periodicals. I never like to utter sentiments of this kind without giving examples: within a month appears in one of the journals a report of a gentleman's speech at a certain medical society, in which, speaking of diseases and malformations about the larynx, epiglottis, and parts adjacent, you are led to suppose that he had witnessed hundreds of them!

The correctness of such statements I am justified in questioning, from the fact that having at least equal opportunities of seeing such cases as the gentleman himself, I have never met with them.

I am rather largely consulted in affections of the throat, as is well known, but I have never yet seen a polypous growth or tumour of any kind interfering with the action of the vocal cords, whereas our friend not only sees but removes them;—on being asked by a member of the society what becomes of them when removed, he is unable to offer any satisfactory explanation. That such cases occur, there is no doubt. I only contend for their rarity.

Again, when a man states that he has dissected 1,500 ears, I take leave to question his veracity, and I do so upon the strength of known facts—1, the difficulty of procuring 1,500 ears to dissect; 2, the time necessary to dissect them. Indeed, Mr. Editor, truthfulness I believe to be at a sad discount in the profession, and when we are so ready to denounce the homœopaths, we ought to recollect the line of Plautus whipped into many of us in boyhood:

"Qui alterum accusat probri, eum ipsum se intueri oportet."

Is it that these gentlemen lose the faculty of accurate calculation, or that they carry the dreams of the night into the realities of the day? It can only be with a *dreamy* eye that they see such things as they say they do, for certainly nobody wide awake can see them. It would be uncharitable to say that they wilfully perverted facts, but this we are justified in supposing, that they are too ready to form conclusions in unison with their previously conceived ideas. The imaginative mind thinks that osseous tumours are common in the external meatus, the *dreamy* eye comes to its aid and mistakes a more than ordinary incurvation of the passage, which gives a prominence to the bony parietes, for an osseous tumour. The imaginative mind of another conceives that polypous tumours in and about the vocal cords are as plentiful as blackberries, the *dreamy* eye confirms this view, by mistaking, perhaps, a fold or puckering of mucous membrane in that locality for the morbid growth in question. Who has forgotten that prussic acid was once found to cure cataract, that naphtha would cure consumption, that glycerine would cure deafness, that dividing the hyoglossi muscles would cure stammering? What has become of that French governess, immortalised by the 'Times,' who discovered that sulphuric ether persistently dropped into the ear would cure the most inveterate cases of deafness, and even deaf-dumbness? And how is it that these various remedies for blindness and deafness no longer succeed? Is it that they cannot be made of the proper specific gravity? It was said that Mr. Bullock, the chemist of Conduit street, alone knew the proper specific gravity for glycerine, and with him, I suppose, still rests the secret.

I take credit to myself for having been greatly instrumental in disabusing the public mind of more than one of these wonderful notions.

Glycerine I showed to be valueless as a curative agent, simply because it is a perfectly innocuous fluid, and therefore possessed of no more remedial quality than water or almond oil. The terrific operation of cutting the muscles of the tongue I happily turned into another channel, and substituted for it a safe and simple, and in all cases an advisable operation, namely, the removal of diseased growths of the tonsils, whenever present in the throats of stammerers, by which the general health at least would be sure to be improved, and thus give a better chance for the success of the educational rules which were to remove effectually the impediment of speech.

A word or two on the opportunities I have had for acquiring an ample knowledge of the diseases incidental to the ear. After preparing myself for this special branch of practice by study at home and abroad, I settled down in this great metropolis to compete with the three, the invariable trio of aural celebrities of the day, Maule, Curtis, and Stevenson, all gone to their account. London (may I not say Great Britain and Ireland?) was never known to support more than three aural surgeons. When there is another in the field, one of them must starve, as I should have done when I was the interloper, which no doubt I was considered, had I been altogether dependent on my professional income, which amounted in the first year to exactly 8*l.* 18s. 6d. And what was the state of Aural Surgery in the time of Maule, Curtis, and Stevenson? Perhaps I shall best answer the question by saying that they lived just long enough to see the commencement of the *internal* treatment of diseases of the ear; for, before the conclusion of the second year of my *début*, in 1838, I had published an account of 'Deafness successfully treated through the passages leading from the Throat to the Ear.'

As opposed to the *external* treatment by oils and ointments, acrid drops into the ear and blisters behind the ear, the new notion (new to this country) came like a thunderbolt. Maule, Curtis, and Stevenson had heard of the method, but had not adopted it; and as to their patients, they had never before had an idea of such passages, and therefore came to me filling my rooms with their persons, and my pockets with their fees, amounting, in the second year of my practice, to 1,001*l.*

To aid my efforts in disseminating a knowledge of the new treatment in what was thought to be *the right direction*, my excellent patrons and friends, the late Sir Matthew Wood, father of the Vice-Chancellor, and Sir Chapman Marshall, then Lord Mayor, with two or three among the nobility, instituted, on my especial behalf, the Infirmary for Diseases of the Ear in Sackville street, to which, without ostentatious displays, without annual meetings which, from the frequency of their announcements, would appear to be held quarterly, without puffing reports or advertisements, more than

10,000 patients have been admitted, though *not all* relieved or cured, as they are sometimes said to be in similar establishments!

But my opportunities of investigation into the nature of ear diseases have been by no means limited to my public practice. In private, my field of observation has been equally extensive, showing unequivocally that aural maladies are by no means the appanage of the lower classes. Do not think me vain if I mention two or three singular circumstances which have happened to me in the course of my career, and which will go to verify my statements on this head; for instance, it once occurred to me to be attending at the same time, three out of the eighteen English Dukes; on another occasion, three Admirals met, and recognised each other in my waiting-room. Turning over the pages of 'Dod's Peerage,' there is scarcely a noble house, commencing even with Royalty, some member of which I have not, at one time or another, been called upon to attend during the twenty-five years of my practice.

The Internal Treatment of Diseases of the Ear of the present day, represented by Catheterism of the Eustachian passages, and remedies applied to, and operations on, the throat, as opposed to the External Treatment by oils, ointments, acrid drops, and blisters, whether by Browne's Cantharidine Plaister, or a piece of string dipped in the acet-cantharides, constitute an epoch in the history of Aural Surgery. It is true that the external remedies are still used by the Profession, especially the last mentioned, which has not been inaptly named "the grid-iron treatment," from the torture it inflicts on those who submit to it. But it is a fallacy of the faculty which I hope in these Lectures to supersede for something more consistent with common sense and reason. How far I am entitled to claim the merit of laying the foundation of such a revolution in the practice of aural surgery in this country, will be best shown by references and dates, and it shall be out of the mouths of others that the matter shall be decided.

(To be continued.)

URINE INJECTIONS—A NEW REMEDY.

By C. A. Hartman, M.D., Cleveland, Ohio.

In the course of his "Lectures on New Remedies and their Therapeutical Application," published in the 'American Medical Times,' Prof. S. R. Percy, of New York, gives two cases of stone in the bladder, in both of which he injected his own urine three times daily into the bladder of the patient, continuing the practice, in one instance, for seven, and in the other for nine weeks, and, as he declares, with the most happy result, for the doctor's urine dissolved the patient's calculus, and a complete cure in either case was the consequence. The professor feels, evidently, rather proud of his discovery, and pronounces his urine emphatically a new remedy. That is, however, a mistake. New only is the taking of the doctor's own urine, and the caution to those inclined to follow this dirty practice to keep their water clean of alcohol and tobacco! In the last century, Dr. Sachs von Loewenheim testifies that it was a particular secret of Dr. Pansa to break up urinary calculi by means of crabs' eyes dissolved in "spiritus urinæ" (a preparation from human urine), which solution he injected into the bladder with the aid of a peculiar instrument. Instead of merely improving upon such an antiquated and deservedly forgotten practice, it is certainly more congenial to the progress of the times to examine carefully what the really efficient ingredient or constituent was in those old compounds, and human as well as animal matters, in vogue with our forefathers. Many of these disgusting things had their value, although the virtues of a great number were only imaginary. It looks as if some of them had been too hastily discarded, and since pepsine, urea, and similar preparations have been admitted into the materia medica, being only new forms of old remedies of the class referred to; since even the celebrated "Album Græcum" has had its resurrection in Churchill's hypophosphites, we are at a loss to find fault with Percy's proceeding, considered as an experiment. To recommend its introduction into general practice is more than ridiculous, it is an absurdity. Admitting that the statement, as published, be true, that healthy urine, injected into a bladder containing a calculus, possesses the power of dissolving the concretion and removing the disease, under certain conditions, then we have only to find, by chemical analysis and further experiment, what element of healthy urine possesses that valuable power, and it will naturally follow that we employ that element, in such a manner as its character will dictate, instead of the changeable and too readily polluted refuse food from our body. In order to facilitate the researches in that direction, the recommendation of older writers may find here a place, for their manifold methods of employing animal urine against calculous affections may furnish some useful hints as to what direction it might be best to follow for the discovery of a really new and useful remedy.

The urine of many animals, but especially that of men, oxen, and he-goats, was in great repute among the old physicians as a remedy for the stone. Dr. Crato von Krafftheim, physician to one of the German emperors, wrote as follows:—The water distilled from human or bovine urine, if not distasteful to the patient, is a good but mild diuretic for calculous troubles. Claudius Deodatus, and Woickard corroborated this. Petrus Johannes Faber pronounced the tincture of human urine a sublime secret for the cure of stone. He distilled the urine over a very slow fire, poured upon the residuum rectified spirit of wine, and obtained a tincture which had to be rectified repeatedly to destroy its disagreeable odour. It was taken in scruple doses, mixed with an appropriate amount of water. The same author stated that the urine found in the bladder of a newly-born he-goat or calf, drunk immediately, was the very best remedy for the purpose of destroying stones in all parts of the body. Rodolphus Gocklenius, professor at Marburg, took the concretion accumulating on the bottom and sides of night utensils, dried and powdered it, then mixed it with brandy, and allowed it to settle in a warm place. Of this mixture he gave a spoonful morning and night. Schroeder extolled the volatile spirit and the volatile salt of human urine as excellent lithontriptics. Three or four grains of the salt were taken with parsley-water, or chicken-broth. Rolfink mentioned the same spirit on account of its aperient and diuretic power, taught the best method of preparation, and added, it might be taken in beef-soup prepared with parsley or parsnip, or in French or Rhenish wine. A man by the name of Conrad Hoster, finding he could not pass his urine, took three spoonfuls of his boy's urine in a glass of Rhenish wine, and soon experienced relief. Arnold Wendel took for diabetes seven or eight drops of the spiritus urinæ, mixed with beef-broth. Untzer was told by an experienced chemist that either the rectified spirit of urine, or the volatile salt, or the magisterium of the same, or the oleum luti, given in some aromatic water, would give speedy relief in renal calculi, provided the patient could bear the nasty smell, for they would not only keep in order the passage of the urine, but expel also gravel and stones. Dr. Wedel thought much of the urine spirit. The essence of human urine was believed to destroy calculi in the kidneys as well as in the bladder. Dr. Salamo Albert recommended two lavements made with urine. The one at the same time expelling the water from the abdomen, was prepared in this manner: boil an ounce and a-half of good sour dough with a little salt and water, enough to make the whole eight ounces; filter and add of urine of a pure boy, four ounces; clarified honey, one ounce; oil of rue, three ounces; mix. The other clyster served to keep the bowels open, and to regulate the urine. A handful of toad-flax was boiled in a pound of beef-broth, an ounce and a-half of boy's urine, half an ounce of the oil of rue, and two drachms of the electuar. hier. nicol. added, and the whole mass mixed together. For an external application, spirit of urine was mixed with oil of urine and some aromatic oil, to conceal the smell, and used warm as an embrocation. And, remarks another old author, all remedies prepared from urine exhibit their diuretic and lithontriptic effects by the virtue of the volatile salt they frequently contain.

Buckard Walbuerger, as soon as he felt trouble in his kidneys, drank his own urine, or that of a she-ass. Judith Loewffeltantzin took, also, for the same trouble, her own urine, adding to each mouthful ten drops of the distilled oil of chamomile. Barbara Guentherin, having no he-goat, used her she-goat's urine. The salt of the stag's urine, taken in scruple doses was not less esteemed as a good diuretic. A sow's urine was thought particularly efficient. Schott pronounced the wild boar's urine still more powerful, and sometimes ordered this animal's bladder to be eaten, particularly smoked. Of bovine urine, Helmont narrates that a girl had frequently passed blood instead of urine. He therefore ordered the bladder of a newly-born male calf, and of the fluid contained therein (resembling urine to some degree, but not entirely like it) the girl had to take two ounces every morning, mixed with some white wine. She was soon fresh and healthy again, and remained free from calculi. A trial of the same kind with the bladder of a newly-born he-goat turned out still more favourable. The same statement about the fluid in the bladder of a bull has been repeated by Grembs, and Schroeder has maintained that a he-goat's urine, drank immediately after being passed by the animal, was the most praiseworthy of all urines, on account of its great power to expel the stone and increase the urine.

Again, vesical calculi, a water distilled from human excrements, had also its admirers. The famous all-flower water, prepared from cow-dung, was prescribed for the cure of renal calculi. So was the dung of nearly all the ruminating animals; of mice, pigeons, chickens, geese, swallows, &c. It would be too tedious to give all the particulars about these singular medicines. What has been stated may suffice to give an idea of the extensive exhibition of urine and its preparations in calculous diseases, practised up to the last century. For the sake of humanity do we hope that the age which can permit such medication has passed for ever.—'American Medical Monthly.'

[As we gave insertion to the bane, it is only fair to administer the antidote.—Ed. Medical Circular].

NOTICE.—*An Historical Account of the Ancient University of St. Andrew's will appear in our next Number.*

THE MEDICAL CIRCULAR.

WEDNESDAY, FEBRUARY 11, 1863.

THE EARLSWOOD ASYLUM.

The thoughtful mind must be deeply impressed by the benevolent efforts that have been made in recent years to develope the faculties of the idiot. There are men, indeed, who say that the idiot and the lunatic should be exiled from social communion; that it is for the common safety and advantage that they should be treated as aliens to humanity, and placed beyond the pale of natural laws. Acting upon the general principles that conformation and disease are hereditary, and that the improvement of the race depends upon a careful selection of individuals, they place a ban upon the idiot, and forbid him the rights of social intercourse. We do not deny that there is truth in these principles, nor do we disallow the expediency of enjoining a prudent reserve, lest mischievous alliances be formed with persons of imperfect mental development; yet, on the other hand, we cannot help feeling a lively sympathy with the humane attempts which are now made at Earlswood to rescue the idiot from his depraved and degraded state, to illuminate his mind and conscience, to teach him some of the common arts of life, and to make him a useful citizen. Debased though idiots be, they are still men and women—bone of our bone, and flesh of our flesh—and it is a duty which we owe to one another to endeavour to mitigate a calamity which is less a personal evil, than a weakness of our race. We are bound together by imperceptible links; the gradations from the highest to the lowest mind are indefinable, the deviations from the mean standard of rationality to one side or the other are induced by causes which are not easily detected; it, therefore, behoves us to be indulgent towards an affliction which may at any time scourge a member of our own family. Some of the most eminent characters in history have had idiotic children; even in our own day, men who have been Prime Ministers and leaders of parties have been thus unhappily tried.

We have been perusing lately a most interesting Lecture on "Earlswood and its Inmates," which was delivered at Croydon, by the Rev. Edward Sidney, a gentleman who has familiarised himself with the peculiar mental phenomena exhibited by idiots, by making frequent visits to the Asylum. His account is a powerful plea for liberal and sustained efforts on behalf of the idiot. How large a portion of this unfortunate class is susceptible of mental training would be inconceivable to any one who only knows the idiot as he sees him drivelling at a cottage door, or shambling through our streets, hooted by boys, and avoided as an object of loathing or horror by the more sensitive and delicately reared.

Many an idiot who is a mere mute, incapable of articulating an intelligible word, or of regulating his muscles so as to walk with steadiness, or to lift his food to his mouth, who is filthy in his person, brutish in his habits, and violent in his demeanour, becomes, after a short residence at Earlswood, orderly cleanly, and quiet, obedient to his teachers, and eager to manifest a disposition to please—in a word, grateful; he learns to co-ordinate his muscular movements, to walk with firmness, to eat decently, to speak coherently, to calculate, to practise a trade—such as basket-making, shoe-making, carpentering, and the like—and, in some instances, to acquire a self-reliance that enables him to earn his livelihood as an independant artizan out of the Asylum. These results are really astonishing, yet Mr. Sidney relates such cases. He says that there are "boys who when they began, could neither stand, nor balance, nor grasp anything, converted into creatures almost as active as monkeys." Much of the furniture and a large portion of the clothes in the Asylum have been made by reclaimed idiots. One boy who appeared sullen and good for nothing, "made a sudden start and became a good carpenter." He is now earning four shillings a-day at Notting Hill.

At this time, in the establishment, fifteen of the pupils are employed in the carpenter's shop, twelve are shoemakers, fifteen are tailors, and five make mats. Then, again, some are gardeners or masons, or assist in the duties of the house; whilst there are girls who are efficient cooks, needlewomen, and musicians. One who, when she came into the asylum, had no use of her hands, and could not read a letter, now makes beautiful slippers, reads well, and can take her part in a trio!

Perhaps the most curious part of Mr. Sidney's description is that which relates to the mental phenomena of idiots. He says, "Stupor, in some faculties, does not prevent the activity and manifestation of certain isolated powers, as wonderful memory, music, drawing, and handicraft."

"The humour, too, of idiots, is often inimitably keen and pointed," of which he gives numerous instances. One boy had a taste for history, with a singular power of remembering its events. On one occasion, when drawn out by Mr. Sidney and another clergyman, he gave a long account of Thomas a'Becket and "then of Talleyrand, whom he described as a person of infinite cunning." The two clerical listeners laughing merrily at this description, the idiot looked up archly and added, "he was one of the clergy," not having forgotten his having been Bishop of Autun.

These idiots seem to be rather hard upon the clergy, for Mr. Sidney informs us of a group of them who, seeing a clerical friend of his pretend to open a watch by blowing upon it whilst he secretly pressed the spring, exclaimed, "he looks like a clergyman, but he practices deceit." Another droll fellow, the youth with the historical memory, to whom we have just alluded, being asked one day, when he was busy with some meal used in cooking, to give an account of the Rye House Plot, answered promptly "that he could not stay to tell for he was engaged in the Meal Tub Plot!"

These anecdotes are more than amusing, they indicate a characteristic of the idiot's mind of more general import.

Getting beyond the range of acknowledged idiots, we often meet with men whose faculties are shallow, who are without imagination, who are incapable of following an argument, of maintaining continuity of thought, or of conceiving an abstract idea; yet who will evince singular promptness at repartee, who detect obvious resemblances quickly, who are called sharp, or smart, or pert by their friends, and who sometimes, in virtue of this faculty, get credit for more talent than they possess, and inflict much injury on those who rely upon their intrinsic feebleness.

Then we meet with men who are endowed with ordinary general powers, but manifest extraordinary aptitude for some special work—for mental arithmetic, music, metaphysics, or mathematics—generally, in fact, in some direction where the perceptive faculties are not much brought into play.

After all, what is genius but an exaggeration of some special faculty? This proposition has often been affirmed and denied, but we think that the evidence derived from an observation of the mental characteristics of idiots, strongly corroborates the affirmative of the proposition.

One word in recognition of the scientific and benevolent exertions of Dr. Down, the Medical Superintendent of the Asylum. It is through his intelligence, tact, gentleness, and perseverance, that those great results have been attained—results that entitle him to a place in the same roll of enlightened benefactors that contains the name of Guggenbuhl.

SUMMARY OF THE WEEK.

THE USE OF METHYLATED SPIRITS.

The pharmaceutists have recently had a discussion on the use of methylated spirits in pharmaceutical preparations, and it is a satisfaction to know that there was a general denunciation of the practice. So strong is the odour of this kind of spirit, that it affords an opportunity for adulteration to almost any extent, as it is very difficult, in consequence of it, to distinguish a genuine from a sophisticated preparation. We understand that it is largely used in the preparation of sweet spirits of nitre, a drug which has long been more adulterated and diluted than any other similar preparation. The cheapness of pharmaceutical agents prepared with this spirit is the great temptation to its use; but the familiar saying —"cheap and nasty"—is especially applicable to this methylated spirit. It may answer very well for liniments in dispensary and pauper practice; but there is danger that in suffering its employment for those purposes it may be continued in general use.

THE EPSOM COLLEGE.

Mr. Propert is very anxious to collect funds to increase the number of the Foundation Scholarships at the Royal Medical Benevolent College. The object is praiseworthy, and we hope that our wealthier brethren will respond to his appeal.

PROFESSOR VIRCHOW

Has turned Politician, and we find that he has become the leading member of the Lower House at Berlin. He drew up the address in opposition to the King, and has since taken a conspicuous part in the debates. Dr. Gneist is another opposition leader.

TINEA CAPITIS.

The French *savans* are anxious to obtain accurate information relative to this disease, which is very prevalent in France. The Director of the General Administration for Public Health has, therefore, communicated with the English Government, and Lord John Russell has applied to the College of Physicians for their assistance. The College, in its turn, has agreed to send queries to the Army and Navy Boards, and the Medical Officers of our chief hospitals. Scall-head is not very common in this country, though it is common enough in France. The fact that the French authorities want information in relation to it is a confession that they find it unmanageable. It is easy to talk about cures, but not so easy to effect them.

NETLEY HOSPITAL.

This hospital will be in working order next month. Already steps are taken to remove the staff and invalid depôt from Fort Pitt; and Col. Wilbraham, C.B., has been appointed Governor. We hope that all the vaticinations about its unhealthiness will prove false.

TURNER AND SMITH *v.* REYNELL

If it were not for its important bearing on the interests of Medical practitioners, we could laugh at the legal absurdities springing out of this case. The plaintiffs prefer a claim for medical services; and the defendant, a lawyer, disputes its validity. He grounds his opposition chiefly upon the clause which gives the right to charge "according to qualification or qualifications," and in this case both partners were surgeons only. Mr. Justice Byles remarked that the logical inference would be that in the case of a partnership between a surgeon and an apothecary, they could not recover because one partner being a surgeon, was *hors de loi* as regards medicine; and the other being an apothecary, he could not recover for surgery. This was putting the puerility of the Medical Act in a very concise form.

RUSSELL *v.* ADAMS.

Up to the time of going to press this case had not terminated, though the verdict may be confidently anticipated to be in favour of the Defendant. It is not necessary to read further than the evidence of the plaintiff to forsee the result.

CONVEYANCE OF THE SICK IN STREET CABS.

This subject has been occupying public attention during the week. It is quite time that the authorities of every public hospital and workhouse were required by law to keep carriages for the conveyance of the sick to their various establishments, so as to obviate the dangerous necessity of using the ordinary hired cabs for that purpose. If such carriages were so constructed as to open lengthways at the side (the wheels running under the body, as in the case of railway carriages), the sick could be lifted in and out with perfect ease.

WHITING FOR BURNS.

F.C.S. occupies *one column and a quarter* of the 'Times' with the details of his discovery of the efficacy of whiting—carbonate of lime—as a local application to scalds and burns. Of course, our readers will not require us to recapitulate the numerous instances of burnt fingers in which F.C.S. has proved the value of his not "absolutely new" remedy. As a domestic remedy, generally at hand, and of easy application, it is well to bear it in mind. It should be applied moistened. F.C.S. puzzles himself to divine the chemical principle on which it acts in allaying pain and reducing inflammation. The exclusion of air is probably a sufficient answer. All earthy carbonates are useful in burns,—in fact, most fine powders, as starch, flour, &c., so that F.C.S. has not made a very great discovery,—simply a mare's nest.

FRIENDLY SOCIETIES.

(From a Correspondent.)

Societies which are instituted by the working classes for provision against the contingencies of sickness and age, are generally known under the denomination of Friendly Societies. They are in operation over the breadth and length of the land, and include a large portion of the working population.

These institutions, though going hand-in-hand with savings-banks, afford more permanent and important advantages than the latter.

We are, by our profession, lead so much among the working classes, our interests being more or less interwoven with them, that we ever cherish a lively interest in their welfare, and there are few of us who are not ready to suggest some plan or other to remedy one among the various ills which they suffer, whether to their sanitary, intellectual, social, or moral condition.

The establishment of these Provident Institutions, apart from public houses, has been found to bring about and uphold a vast social reform among the working classes.

It has long been a matter of regret that, with but few exceptions, the business of Friendly Societies (Benefit Clubs) should be carried on at public houses, as the members are there brought under the temptation of drinking. They cannot look to the interest of their provident fund without resorting to the public house at which the society is held, more to the advantage of the landlord than to the Benefit Society, and by this circumstance many are prevented from joining or attending as they would wish; whilst also nothing has proved a greater obstacle to the progress of the temperance movement among the working classes, or to their social elevation, than this system of transacting the business of these societies at public houses.

It is under these impressions that we notice with much pleasure

the meetings which have just been held in London, Southampton, Birmingham, and other towns, for the purpose of forming Working Men's Halls, thus affording, as we consider, the prospect of accomplishing incalculable good. These societies, for instance, will find a place of safety, a centre for union, strength, and economy, in appropriate offices; and thus supersede, as gone by, the night revellings of the public house meetings.

The Working Men's Hall will have a library, lecture-room, and class-rooms, this combination affording the advantage of the interest of the mind being considered in it.

An opportunity will be afforded, also, for trade societies to take offices in these halls. Some of these pay now from 10*l.* to 50*l.* per annum for the occasional use of a public-house room, while in the hall they would be able to obtain the use of an office all the year for the same sum.

We cannot otherwise than express our best wishes for the success of the efforts zealously making for the establishment of the Working Men's Halls, as it is a work tending to the promotion of temperance, and therefore should command the support of its advocates; it is a work which would powerfully advance the social position of the working classes, and should therefore be supported by all social and moral reformers; it is a work which will confer inestimable benefit on Friendly Societies, and therefore should be especially cherished and supported by them; it is a work from which the public at large would benefit, and therefore should be supported by all classes.

REVIEW OF THE PERIODICALS.

The 'Medical Times and Gazette.' A lecture on the "Diagnosis of Hernial and other Tumours of the Groin and Scrotum," by Mr. Holthouse, is reported in this journal. This is a very important subject, and Mr. Holthouse reviews instances in which hernial swellings have been mistaken for enlarged glands, abscesses, and *vice versâ*, even by hospital surgeons. Everybody knows that unusual difficulties occur in some cases. Mr. Holthouse says that the chief diagnostic sign is that derived from percussion. In hernia the sound is *clear*, in abscess it is *dull*. But even this rule is not invariable, as air may occupy the sac of the abscess. The diagnosis between hernia and hydrocele is then explained. Dr. Whitehead's "Notes on Causes of Early Mortality" are continued. He adduces statistics to show the importance of maternal breast-nursing; he shows also an increase of mortality among illegitimate children born in France, which he attributes partly to delay in calling in medical advice in cases of sickness even more than to incompetent midwives. Certain "Physiological Researches," by the Rev. Professor Haughton, with the object of showing the relation between supply and demand in the human system—viewing man as a machine, are commenced. We have already given the chief points of Professor Haughton's researches as extracts from the Dublin Journals. The "Employment of Position in Controlling Hæmorrhage," with reference particularly to the removal of large scrotal tumours, is a paper by Dr. Quinlan. Dr. Ainstie reports a case of "Poisoning with Morphia."

The 'Lancet.' Dr. John Hughes Bennett's Lectures on "Molecular Physiology, Pathology, and Therapeutics," applied to the treatment of disease, are continued. Mr. Henry Hancock expatiates on the "Superiority of Chopart's Operation." He explains his own method of operating for the excision of the ankle-joint, and says that its difficulties have been over-estimated. He prefers it to either Syme's or Pirogoff's in suitable cases. "Clinical Observations on Diseases of the Abdominal Viscera," by Dr. Stephen H. Ward, treats especially of intestinal obstruction. Dr. S. Currie, Deputy Inspector-General of Hospitals, reports a case of "Popliteal Aneurism successfully treated by Flexion of the Limb." In the same journal, Dr. Domenichetti reports a case of "Hepatic Abscess," bursting externally and being connected with the colon.

The 'British Medical Journal' (Feb. 7.) Mr. Prescott Hewitt publishes in this number a lecture on "Strangulated Femoral Hernia." It is curious that this hernia had existed for seven years (the patient being a woman), and having been considered to be a cyst, had been *tapped* at different periods, and fluids drawn off. At length the tumour suddenly enlarged, and strangulation occurred. The usual operation was then performed with success. Dr. Hyde Salter's lectures on the "Stethoscope" are continued—and Dr. John Hughes Bennett publishes some remarks on the "Molecular Theory of Organisation," in reply to Dr. Beale. He thinks that Dr. Beale has not in any sense refuted the molecular theory.

'American Medical Times.' Dr. Detmold's "Lectures on Military Surgery" are continued. The author points out that among the chief causes of the diseases that decimated the English and French armies before Sebastopol, were the neglect to bury the dead—men and horses—sufficiently deep, and the want of care to prevent the drinking water becoming polluted by the putrefaction of so many dead bodies. Dr. Shumard reports cases of the "Inhalation of Nitrous Oxide Gas in Severe Cases of Fever." The effect seems to have been various, in some cases lowering, and in others increasing the speed of the pulse. We are unable to decide upon its utility from these reports.

CASES OF PARAPLEGIA.

By M. Gonzalez Echeverria, M.D.,

Late Assistant Physician to the National Hospital for the Paralysed and the Epileptics of London, Corresponding Member of the Anatomical Society of Paris, Fellow of the Medical Society of London, &c., &c.

Case I.—*Uterine Hæmorrhage with Ulcer of the Cervix.—Relapsing Reflex Paraplegia upon the Application of the Induced Electric Current to the Neck of the Womb.*—Mrs. S——, a French lady, consulted me on the 22nd of September last. She had been married six years, and enjoyed good health before this illness. Always menstruated regularly, but with pain for one or two days previous to the menstrual discharge. She has miscarried twice, last time in February, 1861, and ever since remained troubled with white discharges, together with irregular painful menstruation. On leaving Europe, a month ago, she had felt the ordinary symptoms of pregnancy for about five months; and six days before her arrival at New York, she was attacked on board the steamer with a slow and painful hæmorrhage, and a dead fœtus with its placenta came away. This happened on the 5th of September; from that time the pains and hæmorrhage continued, the abdomen diminished in size, and she had milk in her breast until the 17th, five days ago. Now, she is very pale, thin, and in a very low condition; her pulse is frequent and soft, 87 to 90; respiration 32. Hands and feet rather cold, and wet with a constant perspiration. No cough, nor any sign of disease of the lungs and heart. Appetite lost, frequent nausea, and at times vomiting in the morning, accompanied with giddiness—tongue whitish and moist—obstinate constipation, with epigastric and abdominal tenderness. No retention of urine, nor any abnormal change in micturition; urine acid and slight albuminous. Patient walks easily, but complains of wearying pain in the loins, thighs, and knees. No alteration whatever in the sensibility and motor power of the lower limbs.

The vaginal examination in the upright posture made me detect an anteversion of the womb, which was much enlarged and soft, as I could otherwise feel through the abdominal parieties. The uterus was extended to nearly an inch above the symphysis pubis. The neck soft, swelled, and tender to the touch, was deeply torn and dilated enough to admit the finger, which returns from the examination covered with blood. The speculum shows the cervix torn, and the seat of a red, irritable ulcer, mostly occupying the whole surface of the anterior lip. The sound easily passes into the cavity of the womb, the operation being, however, painful to the patient, causing bleeding both of the uterine cavity and of the ulcer. This condition of the womb suggested to me the idea of trying electricity for it. I supposed that this agent could prove effectual to determine contraction of the womb, and stoppage of the oozing hæmorrhage, which I attributed to its asthenic condition. Furthermore, the powerful influence of electricity to hasten the cicatrisation of ulcers, which I had recently observed in two cases, made me likewise expect that this agent might equally contribute to ameliorate the uterine ulcer.

Therefore, I decided upon employing this means, and I applied a mild induced current of Ruhmkorff's electro-medical apparatus, one of the electrodes placed in the pubes, and the other, connected with a gutta-percha sound, terminating in a metallic oval lip, passed into the cervix. The intermittences of the current were very rapid, but scarcely was the apparatus at work, than to my great disappointment, the uterus, the loin, the hip-joints, and the lower limbs became the seat of a severe pain. Besides, there were numbness and tremor in the lower extremities, and the whole surface of the body was covered with profuse perspiration. The electric current was at once stopped: the uterus remained contracted, the pain subsided in a short time, but the lower limbs were already paralysed—so much so that the patient could not move them nor stand by herself. A foot-bath, shampooing, and frictions, with a stimulating liniment, made this unpleasant state disappear. However, a complete paralysis lasted about four hours, and it was not until fourteen hours from the use of electricity that the lower extremities recovered their perfect normal functions. Curious to remark, the secretion of milk, having stopped for five days, was again re-established upon the uterine excitation. The further details of the case are unimportant. The hæmorrhage yielded to astringents and tonics; local applications of the tincture of iodine and of nitrate of silver, and tepid injections with the chlorate of potash, made the uterine ulcer speedily heal, without any other symptom of reflex paralysis, and on the beginning of November, menstruation appeared, preceded by slight pain in the loins, and weakness in the left leg. Very likely this dysmenorrhœa will continue sustained by the anteversion of the womb.

Case II.—*Bleeding Piles.—Suppression of the Periodical Hæmorrhage producing Spinal Meningitis and Paraplegia.—Cure.*—On the 7th of last November, I was called to see a gentleman aged thirty-four. He is unmarried, and states to have been ill for two days. He is a strong-looking man, of temperate habits, and for twelve years has suffered with bleeding piles, the hæmorrhage periodically occurring nearly every month. Two years ago, he was afflicted with a cerebral affection, and cured by Professor Rostan of Paris, who, according to the patient's statement, considered the disease a *subacute inflammation of the surface of the brain.*—It seems that on that occasion the disease consisted in acute mania, supervening upon a protracted attack of intermittent fever, followed by a suppression, during three months, of the hæmorrhoidal discharge. The patient completely recovered from this attack, has enjoyed good health, and has had no other trouble, except gonorrhœa, contracted two months ago, and attended with cystitis. This latter yielded to medical treatment, mostly consisting in the use of copaiba; but a gleet remained, and together with the periodical hæmorrhage, disappeared under the use of sulphurous baths and other remedies, employed by the patient on his own account, and which at last determined great disturbance and sickness. Patient is not quite positive as to the time he was taken ill, but thinks it was on the 4th. He then had chills succeeded by great sensations of heat, was feverish all the night, and on arising the next morning he suddenly felt a violent pain in the dorsal and lumbar regions, with great stiffness and difficulty of moving the lower limbs. He also complained ever since of frequent necessity for passing water, which he voids with painful tenesmus, the urine being burning and highly coloured. Bowels have been confined for four days, there is nausea, difficulty of breathing, with pain in the chest, and occasional cough without expectoration. On examining the patient, I found him lying on his right side, and in a state of opisthotonos from the contraction of the muscles of the back. He is free from any cerebral disorder, but very irritable; his countenance seems natural, pupils are equally dilated, no injection of the conjunctiva, nor any photophobia whatever. No giddiness either, and very little headache. Respiration laboured, about 27 in the minute. Pulse quick, strong, and regular, 90. Nothing abnormal on auscultation of the chest. Patient chiefly directs my attention to the pain in the back, and in the limbs, which are as if sore; he feels besides a prickling sensation in the toes. Pressure upon the spine does not show any tenderness in one place more than in the other, but the least movement of the back is attended with severe pain. He is very weak, and if standing, he is much afraid of falling, as he does not perceive distinctly the impression of the floor; but he commands the movements of his lower extremities, and even supports himself without any aid. There is evident hyperesthesia of the skin in the abdomen and lower limbs; sensibility is likewise increased in the muscles, the least pressure upon them being attended with pain. The reflex power does not appear augmented, although at times there is an involuntary jerking of the legs. The urine secreted in small quantity is highly coloured, and deposits a red precipitate, which tested is found to be of uric acid. There was no trace of albumen in the secretion.

I directed the patient to have twelve leeches put to the anus, and to promote the bleeding by a tepid poultice applied to the part. To take afterwards an injection with olei ricini, olei terebinthinæ, of each ℥j., olei crotonis, ♏vj., decoct. avenæ f.℥iv., and to lie down all the time either on the side or on the belly. The local bleeding did not last to induce a notable amendment of the symptoms; the spasmodic contractions subsided a great deal, and the patient had a good rest during the night. He began on the next morning to use three times a day, five grains of ergot, and one eighth of a grain ext. belladonna, and a blister was applied to the lumbar region of the spine. This means, jointly with a cathartic pill composed with aloes Barb., ext. rhei., of each gr. j., taken every night, and a moderate diet, completed the cure in three weeks. The periodical hæmorrhage has been re-established, and I have advised the patient not to attempt again to suppress it. As to the gleet, it was attended with a stricture of the urethra, and treatment by progressive dilatation was instituted.

The foregoing cases are illustrations of the way by which paraplegia may be induced. The first is unquestionably a good evidence that peripheral irritations most likely go through the sympathetic, are pre-eminently the cause of reflex paralysis, inasmuch as it shows that the symptoms of the genito-urinary affection are not the consequence, but really the cause, of reflex paraplegia, notwithstanding the contrary opinion advanced by Dr. W. Gull. Neither could it be admitted with this author, that it is the inflammatory condition of the affected organs, and not the irritation, which leads to paralysis, for in this present case we had through the course of the disease an inflamed condition of the womb existing before and after application of electricity. Furthermore, the disappearance of the paralysis, occurring shortly upon the removal of the peripheral irritation, leaves no ground for doubt that a lesion of the spine might have pre-existed in a latent form, for such kind of lesions, although capable of originating sudden symptoms, are by far liable to let them disappear so suddenly. Besides, the co-existent secretion of milk, re-established by the same cause which brought about the paralytic condition of the lower limbs, is a new proof of the pure reflex character of the disease. I am not aware of any other instance of electricity producing such mischievous results, but certainly this is not the only case of relapsing paraplegia consequent upon uterine irritation. Dr. Nonat, in his practical work 'On Diseases of the Uterus,' Paris, 1860, p. 830, mentions a case of metritis in which 'every inter-uterine cauterisation was followed with loss of consciousness, and momentaneous paralysis in the lower extremities.' The same author reports several other instances alike, which are in utter contradiction with the hypothesis of Dr. Gull.

I did not think that in this case there was any relation between the state of the urine and the nervous trouble. The urine was acid, and contained a very little quantity of albumen, only noticeable when the liquid was boiled with the nitric acid. There was no excess of uric acid, no sugar, and on microscopical examination, no renal tube, nor any fatty granules could be detected. As the secretion soon assumed its normal characters in the progress of treatment, I attributed the slight degree of albuminuria to the uterine hæmorrhage.

The influence of electricity on the development of paralysis is very remarkable. Indeed, it would be important to ascertain whether the nature of the current directed to the uterus may have any especial reflex effect upon the lower limbs; for it could not be supposed that the low intensity of that used in this case could have any great share in the production of paraplegia. As I stated before, it was the induced current, circulating in the fine wire, which I preferred, because that of the first helix, or thick wire, excites more the sensibility of the abdominal organs (bladder, rectum, uterus, testicles). This latter is the primary, or extra-current, running always in the same direction, and induced by the action of the spirals upon themselves, whilst the former alternately changes in direction, and is induced by the one upon the other wire. It is quite true, that the second reacts more upon the spinal cord, being therefore attended with more reflex effects, and perhaps there would be more reason to think that in this last peculiarity of the current rather than in its intensity, must be the cause of the paralysis. In short, it is not my intention to enter into any theoretical explanation of the above curious phenomenon, but simply to guard against it on using an induced current in an *irritable* uterus. I should insist upon this irritable condition of the organ, not precisely on account of its bearing on the etiology of reflex paralysis, but because I would not like to inspire any distrust on the advantages of electricity in amenorrhœa, under which circumstances it is safe, and decidedly useful, the application of the induced current by putting one of the electrodes to the abdominal parietes over the womb and ovaries, and the other to the lumbar region, or to the neck of the womb.

The second case belongs to that kind of nervous derangements due to the suppression of a periodical hæmorrhage—a cause far from rare in the etiology of nervous diseases. The first cerebral affection, and the spinal meningitis so closely following the disappearance of the rectal hæmorrhage, give evident proof that both were induced by this latter accident. Although in either cases, here recorded, paraplegia occurred suddenly, they differ, however, as to their nature. It will be observed that the condition of the lower limbs in the second case was, I may say, that of pseudo-paralysis; sensibility was impaired, patient felt weakness in the

legs, and was afraid of standing, but yet he could support himself and command the movement of his lower limbs—a fact frequently met with in spinal meningitis, and distinguishing it from myelitis, always attended with true paralysis. With this disease, also, there is usually an increased reflex faculty not observed in simple meningitis; the jerkings in this latter are the result of irritation, or pressure, upon the origin of the spinal nerves, produced by the congestion of the meninges. But it may be, and often is the case, that meningitis and myelitis accompany each other from the facility with which the inflammation extends itself to the tissue of the cord; and hence why, notwithstanding the above statement, an immense reflex faculty may be observed among the other symptoms of meningitis. It is useless to add, that under such circumstances we have to contend with a complication of the disease.

The difficulty in respiration, and the nausea, are easily accounted for by extension of the congestion to the dorsal region. The regularity of the pulse is a constant phenomenon to which Kohler has lately called the attention, as a distinctive character between meningitis and myelitis, in which the pulse is soft, feeble, and generally irregular. But what I would notice, as a no less important sign, is the condition of the bladder and urine. In this, as ordinarily in other cases of spinal meningitis, there was no retention of urine, so constant with myelitis; on the contrary, there was painful and frequent micturition, the secretion being highly coloured and charged with uric acid. This excess of uric acid I consider a very constant symptom in dorsal and lumber meningitis. I have always observed it since I look for it, and it may be valuable to fix the diagnosis between meningitis and myelitis, since it is very common to find the urine alkaline with this latter.

Finally, I did not suppose that in this case the disease went beyond its first period of congestion, as the exudations proper to the second and ultimate stages are attended with more permanent symptoms of paralysis requiring therefore a longer treatment and otherwise existing with symptoms of consecutive myelitis from inflammation of the spinal cord.—'American Medical Times.'

LECTURES ON MILITARY SURGERY.

DELIVERED AT THE

COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.

By William Detmold, M.D.

Professor of Military Surgery and Hygiene.

Lecture II.

General Remarks on Wounds.

Pain.—It is remarkable that men struck down in battle rarely suffer much pain at first. The excitement of the moment, the rapidity with which the injury is inflicted, and the crushing transit of the missile through the parts, which lowers or destroys innervation, may explain the frequent absence of pain. Yet there are exceptions to this rule, and you will occasionally encounter wounded in a high state of nervous excitement and exaltation, who complain of the most acute and exquisite pain, much more than under ordinary circumstances such a wound would lead you to suppose. This may arise, as I have said just now, from an excited and exalted state of the nervous system, or may be from the laceration and irritation of some nerve fibres by a splinter of bone or some other foreign body. In these cases, it is best to allay the excitement by a full dose of morphine, 10 or 15 drops of Majendie's solution, and the pain, by sprinkling gr. ½ or gr. j. of morphine directly into the wound, which will in most cases act like a charm, allaying the pain immediately; yet, where the excessive pain depends upon the irritation of some lacerated nerve fibre, this relief may be only temporary. You should therefore furnish a little dry morphine to the attendant on the ambulance, with direction to repeat the local application if required.

Examination of the Wound.—The wounds must first be cleaned of dirt or dust which may have got into them in falling, then a gentle examination should be made with the finger to feel for the bullet or other foreign substances, such as pieces of cloth, pieces of accoutrement, or loose splinters of bone, all of which, if it can be done with ease, should be removed, but only when, as I say, it can be done with ease. Do not poke and probe too much in the wound. Especially let me warn you against the use of the ordinary fine silver probe, where the wound is too deep to reach the bottom with the finger. Let me recommend to you the use of a full-sized leaden bougie. That is the best probe for gunshot wounds, and upon my advice Mr. Tiemann puts it now into all his army cases. Examine the clothing where the ball has passed through to see whether it is simply perforated, or whether pieces have been, as it were, punched out. Do not throw away any part of the clothing, but send it with the wounded to the hospital, because a careful examination of it may, in many cases, throw much light upon the character of the injury.

Lastly, it is very desirable that you should write down the result of your examination, and an account of what you have been doing, and let it go with the wounded; it will be an important guide to the surgeon who afterwards takes charge of the case, and it is a record of the manner in which you have fulfilled your duties, which will give your superiors a measure of your ability, and will be the best claim to promotion.

Wounds of the Head.—We sometimes meet with large scalp wounds, either from a sabre cut or a passing heavy projectile, large flaps of the scalp being detached; in these cases do not cut away the flap, even if it is only connected by a narrow bridge. First of all, it is the best covering you can put on the denuded bone; and secondly, because on account of the vigorous innervation and circulation in the parts, those almost detached flaps will in most instances adhere again; but do not fasten the flap with many sutures, because in the aponeurotic tissues of the scalp they increase the chances of erysipelatous inflammation. To prevent the flap from contracting and curling up, you may put one or two stitches, but these stitches must only pass through the cutis, and not through the galea. If the bones of the skull are fractured, and the ball has penetrated into the substance of the brain, make a careful examination with the finger, but do not poke about much in the brain, and remove only such splinters as are quite loose. It is astonishing what little disturbance of any kind often a ball in the brain will produce; the men will not believe they are hit, they think they have stumbled and hurt themselves in falling. I saw at one of the hospitals at Fortress Monroe a man who had a round hole in the middle of the left side of the os frontis; he was walking about the hospital, had a good appetite, and was well and cheerful; he insisted that the ball had not penetrated, but had fallen out again into his hand, and that he threw it away. After a few days he began to complain of headache, became heavy, and at last comatose; the wound was examined, and a large ball extracted from the anterior lobe of the brain, which, at the post-mortem examination, was found to be very extensively disorganised. I do not believe the man would have lived as long as he did if the ball had been extracted at once. If you put a man with a ball in the brain in the ambulance wagon, you must give special instructions to the driver to drive carefully Stromeyer relates cases where such, being apparently quite well, were seized with violent convulsions as soon as the ambulance moved off—probably in consequence of the displacement of the heavy ball in the soft brain substance.

Apply a simple bandage to the head. I have seen in the French medical field chests a supply of six nightcaps, for the purpose. Now, first, I do not like the idea of nightcaps, and then the military surgeon should not accustom himself to depend upon such ready-made bandages. You can make a better and simpler bandage by taking a piece of muslin, 30 inches by 14, tear lengthwise on each side, and on each end a strip of 2 inches wide to within 3 inches of the middle; then bring the two wide middle flaps under the chin, and the four narrow outside ones around the head, two from behind forwards, and the other two from the front backwards. (The Professor then showed the class the application of this bandage.)

In wounds of the face, you should remove no splinters of bone, unless easily detached; it is better to let them come away by suppuration, because then the periosteum is preserved, and the subsequent deformity less.

In Wounds of the Neck, it is very desirable to remove the ball at once, because it is very apt to travel through the loose cellular tissue, along the course of the muscles, and lodge either upon the apex of the pleura, or descend into the mediastinum, and thus give rise to grave consequences.

Wounds of the Chest.—Penetrating wounds of the chest, with lesions of the thoracic organs, constitute probably the majority of the immediately fatal wounds; but where they do not prove immediately fatal, experience has shown that the prognosis is not so bad as you might be led to suppose, and as even good authorities, such as for instance Dupuytren, formerly believed; a very fair proportion of them will recover. The prognosis is much more favourable than in penetrating wounds of the abdomen with lesion of the abdominal organs. I think it is quite as good as in gunshot wounds, with fracture in the knee-joint, or fracture of the femur.

Penetrating Chest Wounds are generally accompanied by severe shock, great difficulty of breathing, spitting of blood, and the passage of air through the wound; they are exceedingly perplexing to the surgeon, and call for the coolest exercise of good judgment. Make careful digital examination, and remove all splinters and other foreign substances. If part of the lung protrudes—which, however, is rare, as in most cases the lung collapses, but if it does—reduce it; it has been advised not to reduce it further than the level of the ribs, so as to let it close the wound—but I think that is putting rather too fine a point on it. The most important question is with regard to closing the wound, and authors do not agree on this point. The rules which must guide you, however, are simple:—If there is no outward hæmorrhage, and you ascertain by percussion that there is no internal hæmorrhage to the sac of the pleura, but if there is much difficulty of breathing, then close the wound as firmly as

you can; but if there is hæmorrhage, leave the wound open to prevent the collection of blood in the pleural sac, which may threaten suffocation; if, however, on the other hand, the hæmorrhage is so profuse as to threaten immediate fatal consequences, then, again, you must run the risk of suffocation, close the wound, let the blood accumulate in the pleural sac, and give your patient the chance of having the hæmorrhage arrested by the pressure of the accumulated blood.

INSURANCE OFFICE CHANGES DURING THE YEAR 1862.

The following facts have been compiled from the Insurance Directory of the 'Post Magazine Almanack' for 1863.

No fewer than thirteen Life Assurance Offices have ceased, during the past year, to enjoy a separate existence, in addition to the *Globe*—which is on the point of amalgamating with the *Liverpool and London*,—the *Argus*—which it was attempted to carry to the *Eagle*, and the *United Kingdom*—which has been amalgamated with the *North British*, though the validity of the transaction is the subject of inquiry in the Court of Chancery.

The thirteen Offices in question have been thus disposed of:—(1.) The *British Guarantee* has united with the *European*. (2.) The *Consols* policies have been taken by the *Provident Clerks'*, and the Rolls Court is now engaged in "winding-up" the general affairs of the wofully mis-managed and unusually unfortunate affair. (3.) The *London and Yorkshire* united with the *Whittington*. (4.) The *Manchester and London* went to the *Western*. (5.) The *Metropolitan Counties* also went to the *Western*. (6.) The *National Live Stock* to the *Norfolk Farmers'*. (7.) The *New Equitable* has been absorbed by the *Briton*. (8.) The *Promoter* has amalgamated with the *Guardian*. (9.) The *United Kingdom Provident* Fire has ceased to exist, and its little business, what there was, has been retained by the *Royal*, with which it had been re-assured. (10.) The *Unity* Fire has gone to the *Liverpool and London*. (11.) The *Unity* Life to the *Briton*. (12.) The *Waterloo* to the *British Nation*. (13.) The *Mercantile* Fire to the *North British*. During the present year, the amalgamations are likely to be quite as numerous as they were last year, if not more so.

Fifty-six Insurance Companies are now "winding-up" in the Court of Chancery, where some of them have been for years past, and are likely to remain for years to come, viz.:—

Agriculturist, Amazon, Athenæum Life, Birkbeck, British Exchequer, British and Foreign Reliance Marine, British Provident, Caxton, Commercial and General, Consols, Cosmopolitan, Defender, Deposit and General, English and Irish Church, Era, General Commission, General Indemnity, General Live Stock, Herald, Home Counties, Hull and London Fire, Hull and London Life, Independent, Justice, Lancashire Guarantee, Life Assurance Treasury, Liverpool Marine, London and County Cattle, London and County Life, London Mercantile Life, London and Westminster, Mercantile Guarantee, Merchant Traders, Mitre, National Insurance, National Alliance, Nelson Sea Voyagers, Newcastle-upon-Tyne Marine, Oak, Observer, Parental, Port of London, Phœnix Life, Professional, Protestant, Public, Saxon, Sea Fire and Life, Security, Solvency Mutual, State Fire, Times Fire, Tontine, Universal Provident Waterloo, York and London.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 27.
SAMUEL SOLLY, F.R.S., in the Chair.

Dr. E. H. SIEVEKING communicated a paper by Dr. A. B. Buchanan on a

CASE OF WHITE FIBRO-SEROUS DISCHARGE FROM THE THIGH.

The author recorded the history of a remarkable case of discharge of white fibro-serous fluid from the posterior cutaneous surface of the thigh, at present under his care in Glasgow. The patient was a woman, in other respects in fair health, aged forty-six, and mother of six healthy children. The discharge was white, like milk, and flowed from excoriations produced by the rupture of small vesicles scattered over the back of the thigh, and particularly from an infiltrated patch, of the size of the palm of the hand, on which the vesicles and excoriations were most abundant. The milky fluid coagulated a few minutes after being passed. It contained a fatty molecular base, similar to that of chyle, and a few nucleated cells. The results of a chemical analysis closely corresponded with those yielded by "chylous urine." The patient dated the commencement of her malady from a shivering-fit twenty-one years ago, shortly after which she noticed a "lump" in the situation of the affected surface. Fifteen years ago vesicles appeared, from which a brownish fluid exuded on scratching. For the last six years the discharge has been milk-white, and is always worse in wet weather, and while the patient is walking about, when its amount may be half a pint per hour. At night it ceases to run, recommencing about an hour after the patient rises in the morning; but in dry or frosty weather it may occasionally be absent for a week or two. The veins of the affected limb are varicose, but no enlargement of the lymphatic glands can be detected. The author succeeded in controlling the discharge for two months by a long elastic stocking, the use of which, however, had to be discontinued, owing to severe lancinating pains in the thigh. Immediately on ceasing to use the stocking the uneasy sensations subsided, and the discharge commenced anew. After remarking that cases of this affection were extremely rare in temperate latitudes, Dr. Buchanan pointed out, by referring to several recent examples, that they were probably more frequent in warm climates. He cited, however, and gave an account of two unequivocal cases of the same affection, both dating from the seventeenth century, one of which, in a male subject, occurred in Germany, and the other, in a female, in France. While referring to various pathological theories, the author fully recognised the identity of the above disease with "chylous urine," or, as he would prefer to call it, "white fibro-serous urine." He objected particularly to the theory which identified white fibro-serous discharges in general with chyle. He gave his reasons for believing that it was more natural to consider them as equivalent to the white liquor sanguinis—to transudations of the serum of the blood during its periodical milkiness after meals, but with certain modifications inseparable from the mode of its secretion. Thus, while the water, albumen, and salts, and possibly also the fibrin, would come from the blood directly, he showed that the cells present in the discharge must be derived from the secretory layer of the skin, or from the epithelium of cutaneous glands. He contended that the molecular base was unquestionably derived from the blood; but that the molecules could not be conceived to filter directly through the walls of the vessels without presupposing the existence of a uniformly and intensely milky serum while the discharge was flowing, even at long intervals after meals. To avoid this difficulty, it might be supposed that the epithelial cells of the glands of the skin had the power of separating, by a perverted function, fatty matter from the blood, much as the epithelial cells of the intestine are concerned in filtering it into the lacteals. The cells would then become gorged with fatty molecules, and the uniformly white colour of the discharge would be accounted for without its being necessary to suppose that the liquor sanguinis was ever milky, except, as usual, after meals. On this view, white fibro-serous discharges would depend immediately on deranged glandular action, and the foregoing case might be defined as a rare functional affection of the glandular apparatus of the skin. The paper was illustrated by specimens of the milky discharge, and by a drawing of the diseased surface.

After the reading of Dr. Buchanan's paper, on which there was no discussion,

A portion only of Mr. MARSTON'S

REPORT ON SYPHILIS AS A CONSTITUTIONAL DISEASE

was read, and its further reading was adjourned to Feb. 10.

Mr. CURLING rose, and said he thought it was scarcely judicious to commence the reading of Mr. Marston's paper at so late a period of the evening. It was a communication that was likely to be discussed, and the whole of it should be read the same evening, and in time for discussion. He made these remarks with deference to those who had thought differently.

Mr. SOLLY said he was not responsible for the paper being read in part. It was thought the evening would have been occupied by a discussion on the first paper.

Mr. MOORE was responsible for the division of the paper into two readings. It embraced so many topics, that it would have been impossible to abridge it, and he, therefore, thought it advisable that it should be read in two parts, there appearing to be a natural division in the paper at the point at which he had stopped. There were precedents for this course of proceeding in the early history of the Society.

Mr. HENRY THOMPSON exhibited some

LITHOTRITES OF A NEW CONSTRUCTION,

on behalf of Messrs. Weiss and Son, who wished to show them to the Fellows of the Society before making them generally public. As the alteration appeared to him to be a real improvement, he readily assented to do so. He premised that this related entirely to the mode of applying and disengaging the power, and not at all to the part concerned in crushing the stone. In order to demonstrate the qualities of these instruments, it was necessary to call to mind what are the main points to be achieved in constructing the movement of a first-rate lithotrite. 1st. Economy of time in its action; anything which shortened the period necessary to a proper performance of the operation in the bladder was so much clear gain to the patient. 2nd. To reduce to a minimum vibration or concussion in its action. 3rd. To permit the utmost delicacy of perception, especially valuable in dealing with small fragments. He showed the deficiency of the old screw instruments in all these respects, and the inferiority of this latter to the instrument known as Charriere's, which was now

commonly substituted for it. He showed the improvements made by Mr. Coxeter, and placed in the International Exhibition; and finally demonstrated the action of Weiss's new instrument as uniting all the characters given above with the greatest strength, comparing it also with the rack and pinion instrument, to the advantage of the former. The power in Weiss's instrument is that of the screw; it is disengaged and converted into sliding action with the most perfect ease, and without moving the hand, while the entire instrument can be changed in direction, or even entirely rotated, by a light application of the finger and thumb. The apparatus for accomplishing this is exceedingly simple, at the same time very strong, and not liable to get out of order.

THE ETHNOLOGICAL SOCIETY.

FEBRUARY 3RD, 1863.

J. CRAWFORD, ESQ., President, in the Chair.

ROBERT DUNN, ESQ., read a paper

ON THE PSYCHOLOGICAL DIFFERENCES WHICH EXIST AMONGST THE TYPICAL RACES OF MAN.

As papers of a psychological character have so rarely been read at the meetings of the Society, the author offered no apology for asking the attention of the meeting to this subject, being satisfied that if there was any branch of the science more interesting than another it was that which related to the psychological differences which characterise the different varieties of the human species. That the genus *Homo* was one, the author believed and maintained on the ground that in man's moral and religious attributes the inferior animals do not participate, and it was this he considered that constitutes the difference between him and them. The barrier was thus, he considered, impassable between man and the chimpanzee and gorilla; and that, wherever two-handed and two-footed man in his erect attitude and with his articulate voice is found, his claims to our common humanity must be immediately acknowledged, however debased the type may be, or mean the garb in which that humanity is clothed. His conviction was that there was proof of a general unity exhibited in all the races of the great family of man, inasmuch that they were all endowed with the same instinctive, sensational, perceptive, and intellectual faculties—the same mental activities, however much they may vary in degree. It had, he thought, been fairly argued that all the races of the human family form but one species, from the physiological fact that they are all capable of fruitful union, which would not be the case with the hybrids of two species of even the same genus. Believing the brain to be the material organ of the mind where the ultimate molecular changes take place, and whence the mandates of the will issue, the author considered the study of the cerebral organisation and development in the various typical races as one of the most effectual means of better understanding and elucidating the psychological differences which characterise them. This subject, however, was one that yet required to be worked out; and ethnic psychology was still a desideratum. The difficulties which formerly beset it no longer exist, and it was, he thought, to our shame that, notwithstanding our extensive and daily-increasing intercourse with all the nations on the face of the earth, little had been done. The author then reviewed at length what had been done by anatomists and ethnologists including Spurzheim, Tiedemann, Gratiolet, Herbert Spencer, Huxley, Owen, and others. In conclusion, he pointed out that the lower savage races, such as the Sandwich Islanders, made progress in the early part of their education, and were, so far, as apt and quick as the children of civilised Europeans. At this point they stopped, and were incapable of acquiring the higher branches. The Sandwich Islanders have excellent memories, and learn by rote with wonderful rapidity, but will not exercise the thinking faculties. They receive simple ideas, but not complex ones. In like manner, it was found practically that negro children could not be educated with white children. In all these cases, as well as in the minor cases continually occurring amongst ourselves, of inability to understand subjects or reasonings of a certain order of abstruseness, the true explanation is that the cognate faculties have not reached a complexity equal to the complexity of the relations to be perceived; and, moreover, it is not only so with purely intellectual cognitions, but it is the same with *moral* cognitions. In the Australian language, there are no words answering to justice, sin, guilt. Amongst many of the lower races of man, acts of generosity or mercy are utterly incomprehensible—that is to say, the more complex relations of human action in its social bearings are not cognizable. This the author thought was in accordance with what *à priori* might have been expected to have resulted from organic differences in the instruments of the higher psychical activities, or in other words, in the nervous apparatus of perceptive and intellectual consciousness. The leading characters of the various races of mankind were simply representatives of particular stages in the development of the highest Caucassian type. The negro exhibits permanently the imperfect brow, projecting lower-jaw, and slender bent limbs of a Caucassian child, some considerable time before the period of its birth; the aboriginal American represents the same child near birth; the Mongolian the same child newly born.

In the discussion, the President, Dr. Copland, Mr. Luke Burke, and Dr. Donovan took part.

LEGAL INTELLIGENCE.

GUILDHALL, FRIDAY, JAN. 30TH.

Sittings at Nisi Prius.

(*Before* Mr. Justice BYLES *and a Common Jury.*)

TURNER AND ANOTHER *v.* REYNELL.

Mr. Mills, Q.C., and Mr. Marshall Griffith were for the plaintiffs; and Mr. Lopez was for the defendant.

The plaintiffs are surgeons carrying on business in Phillimore place, and the defendant is an attorney carrying on business in Staple-inn. This action was brought to recover the amount of the plaintiffs' bill for medical attendance on the defendant's family, and especially on his wife, who was afflicted with a nervous malady. The plaintiffs having sent in their account, the defendant wrote to say that he could not afford to pay so large a demand, and contrasted their bill with that of previous medical men who had attended his family. Some correspondence ensued, but no settlement was effected, and no money paid into court.

The plaintiff Turner, having proved his case, was cross-examined as to the date of his registry, and that of his partner, and it was objected that Mr. Smith, one of the plaintiffs, was not registered at the time of the performance of the services sued for, although he had been registered since. On this point the learned judge said he was against the defendant. The next objection was that Mr. Turner and Mr. Smith did not enter into partnership until the 29th of September, and it was ruled that the plaintiffs could only recover jointly on that portion of the bill which had been contracted since that date; for the previous portion of the bill another action must be brought. It was next urged that the plaintiffs, being surgeons, could only recover for surgical operations, such as galvanising Mrs. Reynell, and syringing the defendant's ears, not having a certificate from the Apothecaries' Hall.

Mr. Justice Byles remarked: "Then, supposing a surgeon and an apothecary to be in partnership, they cannot recover for surgical items in their bill, because one of them is an apothecary; neither can they recover for medicine and attendance, because one of them is a surgeon.

In the end a verdict was entered for the plaintiffs for 46*l.* 13s. 6d., with leave to move on points of law raised, the Court to have power to make all the requisite amendments, and to grant all needful certificates to entitle the plaintiffs to their costs.

Births, Marriages, and Deaths.

BIRTHS.

EDWARDS.—On the 23rd ult., at Bampton, Devonshire, the wife of H. J. Edwards, M.R.C.S.E., of a son.

SAUNDERS.—On the 23rd ult., at Belfast, the wife of G. Saunders, M.R.C.S.E., Staff Surgeon Army, of a son.

HEARN.—On the 26th ult., at Woodville, Bawnboy, co. Cavan, the wife of G. M. Hearn, L.K.Q.C.P.I., of a daughter.

HILL.—On the 2nd inst., at Mecklenburgh square, the wife of Samuel Hill, M.D., of a daughter.

CLAREMONT.—On the 3rd inst., the wife of C. C. Claremont, M.R.C.S.E. of Thorney place, Oakley square, of a son.

MARRIAGES.

NELSON—JONES.—September 10, at Dunedin, New Zealand, Henry Nelson, M.D., to Mary, second daughter of John Jones, Esq., of Fern hill, Dunedin.

DUNCAN—CAMPBELL.—On the 3rd inst., at Piccadilly, Bartholomew Archdekin Duncan, L.R.C.P. Edin., of Upper Gower street, to Emma, elder daughter of the late Sir E. A. Campbell.

DEATHS.

BENTLEY.—Lately, J. M. Bentley, Surgeon, of Turton.

BARTLETT.—Lately, Thomas Bartlett, Assist.-Surg. 44th Foot, on half-pay.

CROSSLEY.—On the 5th inst., at Maltby, Rotherham, Ann Beckitt, wife of W. H. Crossley, M.R.C.S., L.A.C., L.M., and daughter of E. S. Simpson Walton, Wakefield, aged 28.

BUCKNILL.—On the 1st inst., at Rugby, S. Bucknill, F.R.C.S.E., aged 78.

BEALE.—On the 2nd inst., Miles Beale, M.R.C.S.E., of Finsbury square, aged 65.

SANITARY STATE OF WINDSOR CASTLE.—Mr. Rawlinson, in a late report, says that "he believes Windsor Castle to be the most complete in sanitary works, appliances, and arrangements of any large building in existence."

MEDICAL NEWS.

Royal College of Surgeons, Edinburgh.—The following gentlemen passed their First Professional Examinations during the January sittings of the Examiners:—William Thomson Crawford, Midlothian; William Chambers, Banbridge; James Johnstone Hyslop Hope, Lanarkshire.

The following gentlemen passed their Final Examinations, and were admited Licentiates of the College:—John Rogerson Dickson, Dumfriesshire; Alexander Doig, Forfarshire; William Fettes Murray, Forfar; Thomas Francis O'Dwyer, County Tipperary; David Ross, Edinburgh.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received certificates to Practise, on Thursday, January 29, 1863:—Joseph Handley, King street, Oldham; James Mercer Johnson, Everton, Liverpool; Samuel Alexander Patrick, Tipping street, Manchester; John Dixon Mann, West View, Kendal; Frederick John Grey, March, Isle of Ely; Heber Dowling Ellis, St. Bartholomew's Hospital; Thomas Lewis Brittain, Chester; John Nicholas Miller, The Square, Hampstead; John Lyman, Guy's Hospital; James Matthews, Cowes, Isle of Wight.

The following gentlemen passed the Preliminary Examination in Arts on January 30 and 31, 1863:—Frederick John Burge, Hammersmith; Henry Trensham Butlin, Camborne; Nathaniel Edward Davies, Billisdon; Thomas Bradford Donahoo, London; Alfred Stanbank Drew, Stow-on-the-Wold; James W. G. Farwell, St. George's Hospital; Thomas Flower, Middlesex Hospital; Richard Marshall Hickman, Shrewsbury; J. B. Hughes, Congleton; George Askew Hull, Kensington; Stanley Peacock, London; Charles Richardson, Gomersal; Julius Ottaway Sankey, Witney; John H. Waters, Nottingham; James C. Worthington, Lowestoft.

Artifical Siamese Twins.—An experiment was lately made at Strasbourg to effect a flesh union between two animals. Two white rats were chosen, and a wound being made in the side of each, they were bound together. Union by the first intention was found to have taken place on the sixth day. After being released from the bandages, the animals walked side by side. An injection thrown into the jugular vein of one was found to have entered the superficial formal veins.

Royal College of Surgeons.—The Hunterian oration will be delivered on Saturday next, in the theatre of the College, at three o'clock, by Professor Gulliver, F.R.S.; and on the following Tuesday, Professor Huxley will commence his course of lectures.

Royal Courtesy.—On the occasion of the christening of the infant son of Dr. William Jenner, Feb 6, her most gracious Majesty was pleased to stand sponsor, being represented on the occasion by Lady Augusta Bruce, who, in obedience to the wishes of the Queen, gave the boy the name of Albert Victor, accompanied with the present of a magnificent tankard, bearing a suitable inscription, and as a royal recognition of the great Professional attention paid by Dr. Jenner to his Royal Highness the Prince Consort.—'Times, January 31.

The Medical Department of the Italian Army.—The Military Surgeons of the Italian Army who, in 1858, numbered 155, now, in consequence of the various annexions, amount to 755, The following is the distribution, according to grade:—President of Council, 1; Inspectors, who are also members of Council, 6; Surgeons of the Military Department, 6; Surgeons of Division 44; Surgeons of Regiments, 227; Surgeons of Battalions, 334; Assistant-Surgeons, 137; total, 755.

A Veteran Medical Jurist.—Casper, the renowned Professor of Legal Medicine at Berlin, a few weeks since celebrated a remarkable day in his long and laborious scientific career, viz., the day on which he executed his thousandth Medico-legal autopsy. He certainly was justified in placing on the title-page of his "Manual of Legal Medicine," the epigraph. "*Quod vidi scripsi.*"

Illegal Practice of Pharmacy by the Sisterhoods in France.—It is stated, on the authority of Dr. Fouquet, Vice-President of the Medical Society of Morbihan, that the religious sisterhoods of that department not only give away but sell medicines, while their pharmacies, or rather shops, are conducted with gross negligence. Bottles of laudanum, or of Pearson's arsenical solution, were found in the kitchen drawers, while illegal weights are employed, even grains of wheat being used for weighing active substances. The Medical Society represented these facts to the authorities, and received the reply that the Sisters must be prohibited selling medicines, but may distribute them, and give gratuitous Medical advice to the poor.

St. Thomas's and Bethlehem Hospitals.—Mr. W. J. Nixon Secretary to the London Hospital, in a letter to the *Times* of the 4th inst, announces that a Surrey magistrate, an old supporter of this charity, makes the following munificent offer:—"Convinced that the best site for the future St. Thomas's Hospital is the present site of Bethlehem Hospital, and agreeing with the general verdict, that lunatics should be located in the country, he is prepared to give a freehold site of seventy-three acres for the new Hospital of Bethlehem on condition—first, that St. Thomas's Hospital be built on the site of Bethlehem; and secondly, that the sum of 21,000*l.* (20,000 guineas) be added to the capital stock of the London Hospital in the Whitechapel-road," "The estate (which is freehold and land tax redeemed) occupies the southern slope of one of the finest hills in Surrey, has a frontage of nearly a quarter of a mile to the high (Croydon) road, is close to an intended station on the Brighton railway, is eight miles from the city, and seven from the West-end, and is worth at least 300*l.* per acre, less eligible neighbouring land having sold at half as much more."

Proportion of Violent Deaths in Austria.—Taking the entire Austrian monarchy, the proportion of deaths from diseases is 987 per 1000, and of deaths from violent causes, 13 per 1000. This proportion varies, however, considerably in different parts of the empire; thus, in the mountainous regions, as well as on the coast, the violent deaths rise as high as 19 per 1000. A vast majority of the violent deaths arose from accidents, as in 1000 deaths there were only, on an average, 1 from murder or manslaughter, and only 2 or 3 from suicide.

Amateur Theatricals.—On Monday night, the students of the University of Aberdeen gave a dramatic and musical entertainment in the Music Hall Buildings, in aid of the Lancashire Distress Fund. The hall was crammed to suffocation by a very fashionable audience, and numbers were turned from the door. So great was the crush, that the Lord Provost, the patron of the performance, finding an entrance impracticable by the ordinary way, had to procure admission for his party by crossing the stage. The dramatic portion of the entertainment consisted of Townley's "High Life below Stairs," and Rhodes' "Bombastes Furioso." The students who took part in this entertainment were chiefly Medical, although not exclusively. The amount realised, after deducting all expenses, was 46*l.* 14s.

Royal Institution of Great Britain.—General Monthly Meeting, Monday February 2, 1863—William Pole, Esq., M.A., F.R.S., Treasurer and Vice-President, in the Chair. The Earl of Clanwilliam, Edward W. Cox Esq., Sir William Augustus Fraser, Bart., General Charles H. Hamilton, C.B., and Peter Vanderbyl, Esq., were elected members of the Royal Institution. The secretary reported, that the executors of the late James Walker, Esq., F.R.S., M.R.I., had bequeathed to the Institution a marble bust of Prof. Faraday, by Mr. Matthew Noble, M.R.I. The thanks of the members were returned to Professor Tyndall, and to his Eminence Cardinal Wiseman, for their discourses at the evening meetings on Fridays, January 23 and 30. The presents received since the last meeting were laid on the table, and the thanks of the members returned for the same.

Metropolitan Free Hospital, Devonshire-Square, Bishopsgate-street, City, N.E.—A most interesting ceremony took place in this establishment on Thursday week, in the presence of a large and influential assembly. The occasion was the opening of two new wards which have been prepared for the reception of Jewish patients. At three o'clock the Rev. the Chief Rabbi, attended by several of his colleagues, proceeded to inspect the several apartments, including the wards (male and female), the kitchen, and receptacle for the dead, with all of which all present expressed their entire satisfaction and approval. Some appropiate psalms were then intoned by the Rev. A. Barnett, of the Great Synagogue, and the responses by the choir of the same place; after which the Rev. the Chief Rabbi offered up a most beautiful and impressive prayer for the prosperity of the institution, and for the blessing of God upon all connected with it; and after partaking of some slight refreshment in the board-room the company separated. Amongst the gentlemen present we noticed the Revs. A. L. Levy. A. L. Barnett, Myers, and Ashers; Drs. Ramskill, Jones, and Warner; John Gurney Fry, Joseph Fry, S. B. Power, H. E. Murrell, Coleman Defries, R. L. Ogilby, E. J. Chance, G. Borlase Childs, and Henry Defries, Esquires.

Harveian Society of London.—Anniversary Meeting, January, 15, 1863.—Mr. Weeden Cooke, President in the Chair. The hon. secretary read the report of the Council. It was proposed by Mr. Henry Thompson, and seconded by Dr. Ballard, "That the report be received and adopted, and that the thanks of the society be given to the officers and council."—The treasurer laid before the meeting a statement of the expenditure and income of the society for the past year, showing a balance in hand of 79*l.* 8s.—At the close of the ballot the following gentlemen were elected officers for the ensuing year:—*President*, Henry W. Fuller, M.D.; *Vice-Presidents*, William Adams, Esq., J. Burden Sanderson, M.D., W. Sedgwick, Esq., and William Wadham, M.D.; *Treasurer*, Henry William Fuller, M.D.; *Honorary Secretaries*, J. Brendon Curgenven, Esq. and Charles R. Drysdale, M.D.; *Council*, Patrick Burke, Esq., Frederick Cock, M.D., J. H. Hornidge, M.B., Ernest Hart, Esq., T. H. Hill, Esq., J. C. Langmore, M.B., W. Boyd Mushet, M.B., W. O. Priestly, M.D., O. A. Field, Esq., Edwin Sercombe, Esq., H. G. Times, Esq., J. B. Walker, Esq.—The President then delivered his address, at the conclusion of which a conversazione was held in the rooms of the Society.

FIRE AT HANWELL.—On the night of the 29th ult., a fire broke out in the Lunatic Asylum, Hanwell. It originated in one of the immense heating-rooms, owing to the overheating of the boiler. It was prevented from extending to the other parts of the asylum, and extinguished after doing great damage.

THE METROPOLITAN BOARD OF WORKS AND THE DEODORIZATION SCHEME.—On the 16th ult., a meeting of the board was held at Spring Gardens, when the report of the committee appointed to inquire into this subject was carried, with only a single dissentient. In compliance with the recommendation of the committee, the board has decided that the deodorization scheme shall be abandoned, and the drainage of the western district of London shall form part and parcel of the great main drainage system; and the sewage of the district shall be conveyed by the low-level sewer, and discharged into the Thames at Barking Creek. A deputation of the medical officers of health, consisting of Mr. Burge, of the Fulham district; Dr. R. D. Thomson, Marylebone; Dr. Barclay, Chelsea; Dr. Aldis, Belgravia; Dr. Hillier, St. Pancras; Dr. Challice, Bermondsey; Dr. Iliff, Newington; Dr. Whiteman, Putney; Dr. Vinen, Southwark; Dr. King, Eltham; Dr. Gibbon, Holborn; Mr. Liddle, Whitechapel; and Mr. Rendle, late medical officer for St. George's, Southwark, attended before the board. Mr. Burge, on behalf of the deputation, said that, as officers of health for the metropolis, having charge of the sanitary condition of the community, they had felt it their duty to come before the board, not from any feeling of factious opposition to their proceedings, but from a sense of public duty. They had listened attentively to arguments used by members of the board, and which had all tended in one direction—to justify the decision at which they had just arrived. They congratulated the board on the prospect of being able to carry out the intercepting scheme in its entirety. The decision, he believed, would be received with gratification, both by the public and the medical profession at large, and confer a lasting benefit on the metropolis.

APPOINTMENTS.—Wm. Allison, M.D., has been elected Medical Officer and Public Vaccinator for the Claudy Dispensary District of the Londonderry Union, vice Tristram Cary, M.D., resigned.—F. H. Atkinson, L.F.P.S. Glas., has been elected Medical officer and Public Vaccinator for the New Leake District of the Boston Union Lincolnshire, vice Wm. Burton, L.R.C.P. Ed. (exam.), resigned.—R. W. Coles, M.R.C.S.E., has been appointed Certifying Surgeon under the Factory Act for the District of Oldham East, vice John Earnshaw, M.R.C.S.E., deceased.—F. A. Cramer, L.R.C.P. Ed., has been elected Medical Officer and Public Vaccinator for the Hanbury District of the Droitwich Union, Worcestershire, vice H. Curtler, M.R.C.S.E., appointed to the Workhouse and the Droitwich District of the same Union.—E. Crickmay, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Dilwyn District of the Weobley Union, Herefordshire, vice G. Pearce, M.D., appointed to District No. 1 of the Market Harborough Union, Leicestershire.—J. Fraser, M.D., has been appointed a Director (from the Faculty of Physicians and Surgeons) of the Glasgow Lock Hospital.—R. J. Freeman, M.D., has been appointed Surgeon for the District of Greenwich, Royal Kent Dispensary, vice F. H. Smith, M.D. resigned.—William Gibney, M.D., has been appointed a Vice-President of the Cheltenham General Hospital and Dispensary, on resigning as Senior Physician.—F. Harris, M.D., has been elected a Fellow of the Linnæan Society.—P. Kavanagh, M.D., has been appointed Surgeon for the District of Deptford, Royal Kent Dispensary, vice Wm. Atkins, L.R.C.P. Ed. (exam.), resigned.—Wm. Leslie, M.R.C.S.E., has been appointed an Inspector under the Factory Act for the Aberdeen District.—Neil M'Greevy, L.R.C.S. Ed., has been elected Resident Apothecary to the Workhouse of the Lurgan Union Co. Armagh (a new appointment).—Morrell Mackenzie, M.D., has been appointed to the Metropolitan Free Dispensary for the Diseases of the Throat and Loss of Voice.—H. Mackley, L.F.P.S. Glas., has been elected Medical Officer and Public Vaccinator for the Cleckheaton District of the North Bierley Union, Yorkshire, vice J. B. Bennett M.R.C.S.E., resigned.—Chas. S. Matthews, M.R.C.S.E., has been elected Surgeon to the Farringdon General Dispensary.—Jas. Morton, M.D., has been elected a Director of the Glasgow Ayrshire Society.—J. Jardine Murray, F.R.C.S. Ed., Assistant-Surgeon to the Brighton and Sussex Infirmary for Diseases of the Eye, has been promoted to Surgeon, and the office of Assistant-Surgeon has been abolished.—L. G. O'Connor, L.F.P.S. Glas., has been elected second Medical Officer for the Clifton Dispensary District of the Clifton Union, Co. Galway, to reside on the Island of Innistofin.—Jas. Oldham, M.R.C.S.E., has been appointed Consulting Surgeon to the Brighton and Hove Lying-in Institution and Dispensary for Diseases of Women and Children, vice J. Lawrence, F.R.C.S.E. (Hon.), deceased.—Walter Rivington, M.R.C.S.E., late Surgeon to the Peninsular and Oriental S.N. Company's Service, has been appointed Resident Medical Officer to the Tower Hamlets Dispensary, Colet place, Commercial road East, vice Wm. Jeynes, M.R.C.S.E., appointed Medical Officer and Public Vaccinator to the East Croydon District of the Croydon Union.—J. Savery, M.D., has become (by the Rules) Surgeon Extraordinary to the East Sussex, Hastings, and St. Leonard's Infirmary, on resigning as Senior Surgeon.—D. Timmins, M.R.C.S.E., has been appointed a Public Vaccinator for Dudley.—E. W. Turner, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for Deddington, No. 1 District of the Woodstock Union, Oxfordshire, vice T. W. Turner, M.R.C.S.E., deceased.—Wm. R. Watson, L.R.C.S. Ed., has been appointed Parochial Medical Officer for Aboyne, Aberdeenshire, vice J. Gerrard, M.R.C.S.E., deceased.—Jas. Will, M.D., has been appointed an Inspector under the Factory Act for the Aberdeen District.—J. Gilmour Wilson, M.D., has been appointed a Director (from the Faculty of Physicians and Surgeons) of the Glasgow Lock Hospital.

APPOINTMENTS FOR THE WEEK.

Wednesday, February 11.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Hunterian Society, 8 p.m.—Annual Oration by Dr. Robert Barnes.

Thursday, February 12.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m. Prof. Frankland, "On Chemical Affinity;" National Hospital for the Paralysed and Epileptic, 4 p.m.—Dr. Brown-Séquard, "On the Diagnosis and Treatment of the Various Forms of Paralysis and Epilepsy.'

Friday, February 13.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Royal Institution, 8 p.m.—Dr. E. Frankland, "On Artificial Illumination."

Saturday, February 14.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing cross Hospital, 2 p.m.; Royal Institution, 3 p.m. Mr. W. S. Savory, "On Life and Death;" Royal College of Surgeons of England, 3 p.m.—Hunterian Oration by Professor Gulliver.

Monday, February 16.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.; Medical Society of London, 8½ p.m.

Tuesday, February 17.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.; Royal Institution, 3 p.m.; Pathological Society, 8 p.m.

NOTICES TO CORRESPONDENTS.

Dr. HARVEY.—The request shall be complied with.

Dr. HAMILTON is thanked.

M.R.C.S. Eng.—1st. The Guardians may employ a midwife if they please.—2nd. No.

A SUBSCRIBER.—The artificial arm invented by Senor Gallegos is the best. We saw it in action at the International Exhibition, and the feats it performed were certainly surprising. It could do almost anything, even to picking up a pin; but its movements were slightly awkward. Still it is superior to any other arm that has been invented.

Mr. W. H.—1st. No.—2nd. No.

Mr. JAMES B.—There is a spurious preparation now sold in substitution of glycerine, which is said to be a solution of glucose, and does not contain a particle of glycerine. It has a higher specific gravity than glycerine, and if evaporated, gives off watery vapour and becomes solid on cooling. It is called "German Glycerine."

Mr. BYRNE.—Note received.

Mr. HUNT.—We cannot give the promise desired.

Mr. J. J:—Certainly, on the production of the qualifications.

MEDICUS.—The fee is two guineas a day, travelling expenses in addition.

GUGLIELMUS.—We are not aware whether there is any difference in the composition of the various preparations of chlorodyne—or if any, in what it consists. That the original chlorodyne is a soothing remedy there can be no doubt.

A READER will see the article in the last number.

H. S. (Westminster).—The claim can be maintained in the County court.

Mr. CUROENVEN.—Report received and inserted.

*** The Hull case is a very lamentable one, but it is unsuitable for insertion in a medical journal.

F.R.C.S. Eng.—We are obliged by the suggestion, and will bear it in mind when the proper time arrives.

Dr. W. SMITH.—Received with thanks.

*** The Southampton newspaper received.

A SUBSCRIBER.—Nepenthe is reported to be simply a preparation of opium. Like Battley's solution, its preparation is a secret. We have not employed it, and cannot say whether it is as useful as the advertisement states.

A SURGEON.—We have already stated, on numerous occasions, that typhus fever does not exist in an epidemic form in the Cotton districts. You have been misinformed. Your authority is untrustworthy. It is to be hoped that as the spring is coming on, and trade reviving, this scourge will not appear.

M.D.—We do not see that any advantage would accrue to anybody by noticing the squabble.

Mr. CROSSLEY.—Received and inserted.

HOSPITAL FOR INFANCY.

(MR. HENRY ROGER'S WARDS.)

Practical Remarks on Hooping-Cough.

The epidemic of hooping-cough which prevails at present in Paris, induces us to reproduce a few passages of the clinical lectures recently delivered on the subject by Dr. H. Roger, at the Hospital for Infancy.

After demonstrating that hooping-cough, was known in the days of Hippocrates, Mr. Roger entered on an inquiry into its causes. The only appreciable cause, said he, is contagion; its existence is unquestionable, and during the progress of epidemics it can often be traced to its source. Of eleven cases at present in Mr. Roger's and in Mr. Blache's wards, six were evidently due to this agency. The fœtus in utero enjoys no immunity in this respect, and Messrs. Rilliet and Barthez relate the history of a child, whose mother, at the time of her accouchement, was suffering from the disease, and who, on the first day of extra-uterine life, betrayed unmistakeable symptoms of hooping-cough. Mr. Blache has also observed the affection in an infant aged ten days, who took it from its mother. If certain members of a large family escape contagion, the circumstance is referrible to idiosyncrasy or to insufficiently prolonged contact; but a communication of a quarter of an hour's duration is enough for the transmission of the malady, and the poison preserves its morbific power for one and even two months, but seldom more. In fact, the pathogenic influence is chiefly marked during the catarrhal stage of hooping-cough, *i.e.*, during the first fortnight of its existence, because at this period the true nature of the affection is still doubtful, and fewer precautions are taken to guard against contagion. But as all epidemics must perforce begin with one case, it is rational to admit the existence of spontaneous hooping-cough, as well as of spontaneous glanders and rabies. Hygienic conditions have probably but little influence in the production of the disease, but doubtless assist in its propagation.

Mr. Roger opines that one pathological influence only operates distinctly against the development of hooping-cough; it is the antecedent occurrence of the affection itself. It affects the human subject but once during his life, and if any exceptions to this rule have been noted, they are extremely unfrequent.

It has been stated that intervening diseases may modify favourably the symptoms of hooping-cough. The truth of the assertion depends on the epoch at which the complaint is observed. Thus, in the incipient stage, amelioration is but apparent, and sometimes aggravation is, on the contrary, the result. But in the declining period an inflammation, not involving the respiratory organs, may shorten the duration of hooping-cough.

It is unnecessary to dwell on Mr. Roger's description of the symptoms and diagnosis. If, at the beginning, there may be some doubt as to the nature of the bronchitis, the crowing inspirations soon dispel it. The duration of the disease is well known. West limits it to six weeks on the average; but three months would be a more correct valuation. Some cases run on for one or even two years, and so long as paroxysms recur, a cure cannot be said to have been effected.

This possible prolongation of a disease, in the course of which serious complications may arise, imparts to its symptoms a character of gravity of which the parents of the patient, who usually are in entire security, should be informed. The complaint is more especially perilous in children under two years, and Mr. Roger estimates at 25 per cent. the mortality of the patients at this tender age.

With regard to the nature of hooping-cough, Mr. Roger deems that the presence of fever which accompanies its incipient stage, must prevent its being placed in the order neurosis; and yet the affection differs from simple bronchitis, it is a nervous bronchitis, a specific disease which should be classed with eruptive fevers.

Let us now turn to the consideration of treatment.

The prophylactic measures calculated to present the development of hooping-cough must not be sought for in the pharmacopœia. Isolation is the only reliable precaution; but its application is difficult and resorted to generally too late. When a person is affected with this form of bronchitis in a family in which a child has recently been born, it is the physician's duty to remove, by every means in his power, the infant from the chances of contagion.

It is not in our power to check suddenly the progress of hooping-cough, but yet the treatment is not wholly inoperative. Something may be done towards allaying the violence and diminishing the frequency of the paroxysms. It is unnecessary to allude to any direct treatment of the fits of coughing; the efforts of the physician are here completely foiled by the unconquerable determination of the infant to refuse all medicine; the duties of the attendants must perforce be confined to supporting the child during these trying moments, and to keep its head raised. In the intervals of the paroxysms, the treatment differs according to the stage the disease has reached. During the catarrhal period, the most appropriate remedies are those which relieve common bronchitis, and anodyne and sedative syrups, prescribed with caution, may here be beneficial. When the cough is loose, the most useful medicine is an emetic, which causes the rejection of the secretions which obstruct the bronchi, and in young children might bring on asphyxia. The paroxysms now become characteristic, and the exhibition of emetics every day, or every other day, would cause unprofitable exhaustion. But emesis may be induced with advantage every three, four, or five days, according to the amount of the obstructing secretions, and ipecacuanha is the drug to be selected; it is far preferable to tartar emetic, which acts as a laxative, and to sulphate of copper, which may occasion symptoms of poisoning. Mr. Roger administers a mixture of the syrup and powder of ipecacuanha; as to antispasmodics, such as the oxide and lactate of zinc, they are at this period utterly inefficacious.

Belladonna, on the contrary, is a most reliable agent. For children under four years of age, Mr. Roger prescribes one, two, or three drachms of a syrup containing two grains of extract to the ounce; each teaspoonful, therefore, corresponds to a quarter of a grain of the active ingredient, an amount which may safely be exhibited at bed-time, to secure sleep, or in two doses, the smallest being given in the morning. Instead of the syrup, from two to six drops of the tincture may be given in a little sugar and water, a combination which is readily accepted by the little patient. If the name belladonna alarms the parents, from one-hundredth to one-thirtieth of a grain of *atropine* may be substituted.

Mr. Roger has tested, without much advantageous result, the effects of chloroform; he still continues his experiments on the subject, and exhibits from five to thirty drops in a four-ounce mixture.

Prussic acid has been recommended by British practitioners. West has exhibited from two to six drops daily in half-minim doses; Mr. Roger considers this an uncertain and dangerous medicine, which is not more deserving of confidence than other *specifics*, such as flowers-of-sulphur, cochineal, indigo, or ammonia.

Coffee, however, has been extolled by a very eminent practitioner, Dr. Jules Guyot. This agent does not, it is true, decrease the frequency of the paroxysms; but as it very positively diminishes the tendency to vomiting induced by the fits of coughing, and thus obviates an active cause of exhaustion it must be considered a useful adjuvant. It is taken in the morning in order that it may not cause at night undue excitement of the nervous system.

If it be found impossible to exhibit any internal treatment, frictions may be performed with utility in the palms of the hands with ether, or under the axilla with belladonna. Frequent inhalations of ether are often beneficial when the paroxysms are frequent and troublesome.

With regard to counter-irritants applied to the chest, the tartar-emetic ointment must be cautiously shunned, and if blisters are resorted to, they should be small and frequently repeated.

The food should be light and administered at short intervals; and, of course, after the occurrence of the paroxysms, in order that it may be retained as long as possible in the sto-

mach. The question of change of air, an important one, now requires notice. Mr. Roger earnestly protests against the prevalent opinion, for which medical men are in some degree responsible, that a child suffering from hooping-cough should be taken out in all weathers. This is a most injurious system. At first the sufferer should not leave his room, and when the catarrhal or inflammatory stage has passed away, he should be taken out only in fine weather, and during the hours most favourable for open-air exercise. As to removal to the country and change of air, no benefit must be expected from the measure during the early periods of hooping-cough, unless, indeed, the internal arrangements of the country residence be exceptionally good. The patient may then benefit in his general health by the change, but no diminution of the paroxysms can be expected from the measure. When, on the contrary, the transfer takes place when the disease has lasted six or eight weeks, very favourable effects may follow, and in 50 per cent. of the cases the fits of coughing are considerably reduced.

In conclusion, although medicine has not any very great influence on the progress of hooping-cough, it cannot be said to be entirely powerless; its efficacy is chiefly displayed by isolation as a preventive, by a diminution of the violence and frequency of the paroxysms, and by its power to ward off complications; and in the last period by the influence of appropriate hygienic measures in shortening the duration of the disease.

MEDICAL CORRESPONDENCE.

Uterine Retroversion reduced during Pregnancy by the Method of Professor Godefroy, of Rennes. — The following case, which I shall simply relate, will doubtless tend to increase the popularity of a method which allows of the prompt and innocuous reduction of retroversion of the womb during pregnancy.

On the 19th of November, 1862, I was summoned at 8 o'clock, a.m., to visit Mrs. C., aged thirty-three, a small but healthy woman, who already had given birth to six children, and now conceived herself to have reached the fifth month of a new pregnancy. Before entering into the particulars of the circumstances for which my aid was required, I should state that the previous labours of the patient had all been marked by the same character—viz., the preparatory pains lasted twenty-four hours on the average, whereas the expulsive pains invariably led, in the course of one hour, to the birth of the fœtus; hence it is rational to conclude that the inlet was small in comparison with the dimensions of the pelvis. I was further informed that the patient had contracted the bad habit of passing water twice only in the course of the day. Whatever may be the importance of these causes, viewed separately or in combination, the following symptoms had supervened:

"On the 13th, the patient, who had felt more or less uncomfortable during the day, endeavoured to pass water in the evening, and excreted with much pain a few drops of liquid which caused a burning sensation. From this period up to the morning of the 15th—viz., for about thirty-six hours, the same efforts were unceasingly and unavailingly repeated. The bowels had not been relieved since the morning of the 13th.

When I saw the woman for the first time, she was lying on her back with her thighs bent, her pulse at 100, her countenance turgid, the abdomen enormously distended and extremely tender on pressure, as well as the thighs and inguinal regions. For twelve hours all liquids, even cold water, had been rejected by the stomach.

By careful examination, I ascertained that the labia majora and nymphæ were so tumefied as to conceal the meatus which could only be felt with the finger, and was hot and painful. On penetrating as far as possible, beneath the symphysis, I succeeded in reaching the cervix, and on withdrawing the hand I detected behind the vagina the presence of a large, hard, rounded, and tender tumour which filled the pelvis. The rectum was flattened, empty, and allowed of the finger being carried as far as the promontory, which was found protruding immediately above the anterior, now, in consequence of complete retroversion, the superior surface of the womb. I proposed catheterism, an operation which the woman declined submitting to, and was compelled to confine myself to the prescription of a bath of an hour's duration, an anodyne enema, and large poultices over the abdomen.

When I again visited the patient at six o'clock, p.m., no amendment had taken place; she continued to vomit, and had passed neither urine nor motions. I insisted on the necessity of introducing the catheter, and removed eleven pints of urine. Immediate relief was experienced, and as three months before I had witnessed in an analogous, but less severe case, spontaneous reduction of the womb, after evacuation of the contents of the bladder, I consented to delay any further remedial action, although I entertained but slender hope of a similar favourable result. This expectation was not realised, and on the 16th I again introduced the catheter, and made unavailing attempts at reduction. I then resolved to have recourse to the method recommended by Professor Godefroy, which the patient's repugnance had alone prevented me from resorting to before. I proceeded as follows:

The urine having again been drawn off, I caused a folded blanket to be laid on the floor, near the bed; Mrs. C. was directed to rest on her hands, with her head downwards, the anterior aspect of the thighs reposing on the edge of the bed. She remained five minutes in this attitude, supported by her husband, in order to allow time for the viscera to descend from the pelvis towards the diaphragm. I then sat on the bed, on the patient's left side, methodically introduced my right hand into the vulva, and gently pressed the tumour forward and upward for less than two minutes, when I suddenly experienced the sensation of having overcome the resistance, and felt my object was accomplished at the expense of but little pain to the woman, who declared herself cured as soon as she was replaced in bed. Examination per vaginam demonstrated the correctness of the surmise, and in the course of two days Mrs. C. was enabled to return to her usual avocations.

— Pitois, M.D.

Rennes (Ille et Vilaine).

Accidents caused by the Uterine Douche in the Induction of Premature Artificial Labour. — Mr. Blot's lectures on the induction of premature labour remind me of an accident which occurred in my own practice while I was performing uterine injections for this purpose, and as no similar case is recorded in the works on obstetrics, I conceive your readers will peruse this communication with interest.

The patient was a woman, in whom, on three previous occasions, I had induced artificial delivery at seven months; I had ascertained with the pelvimeter that the conjugate diameter of her pelvis barely reached two inches and eight lines, and on the 28th of February, 1859, I resorted to an injection of water at a temperature of about 88 degrees (Fahr.) The orifice of the os uteri admitted of the introduction of two fingers, and five or six hours before a first injection had already been performed. As labour-pains did not follow, and as the membranes did not distinctly protrude, I inserted the caoutchouc tube at an inch or fifteen lines above the cervix, in order to promote uterine action, while my assistant continued for a few moments to work the pump, although the water did not return. After eight or ten strokes of the piston, the woman suddenly rose and exclaimed that she was stifling. She was motionless, her countenance was livid, her eyes staring, and I feared syncope might supervene. Suspecting, however, that these formidable symptoms might be due to forcible distension of the womb, I introduced two fingers, and thus facilitated the escape of a considerable quantity of water. Uterine distension ceased, and immediate relief was experienced.

Expulsive pains promptly ensued, and after an interval of three hours, I extricated with a small forceps a child which lived two days. The patient soon recovered perfect health, with the exception of a slight amount of granular metritis, which yielded to a few applications of lunar caustic, and fourteen months after I was again summoned for the performance of the same operation. On this occasion the object was at-

tained with a single injection of fifteen minutes' duration, the uterus having apparently acquired the habit of contracting at seven months.

VILLARTAY, M.D.,
Vitré (Ille et Vilaine).

SCIENTIFIC MISCELLANEA.

DELTOIDEAN RHEUMATISM. — Professor Velpeau invited attention some years ago, in his clinical lectures, to a disease of the shoulder of obscure nature, which supervenes suddenly, and is marked by pain and loss of muscular power; it resembles rheumatism, although *it is not rheumatism*, and may entail atrophy of the deltoid, and in some cases ankylosis of the joint. A description of the affection will be found in the twentieth volume of the present Journal (1849, Art. 3756), and also in a subsequent number (Art. 3772), in which we recorded Mr. Malgaigne's remarks at Hospital Saint Louis on *Scapulalgia*, or arthralgia of the shoulder. This disease is obviously the same as that alluded to by Mr. Velpeau, and is characterised in its acute stage by pain on pressure in a spot corresponding with the anterior part of the head of the os humeri. We would not be understood to assert that this is precisely the same complaint as that adverted to by Mr. Beau in the last fasciculus of the *Archives de Médecine*, under the denomination of rheumatism of the deltoid muscle, although we are inclined to believe that between this localised form of rheumatism and Scapulalgia, a close connexion will be found to exist. The following, however, is a brief abstract of the remarks offered by the learned physician of La Charité on deltoidean rheumatism:

The deltoid is as liable to rheumatism as other muscles in which the disease is frequently observed, such as those of the neck, spine, etc. (*a*). Five or six cases occur annually in Mr. Beau's practice, and the affection may be divided into four degrees, according to the severity of the pain. In the first the pain is trifling, and is induced only by contraction of the muscle, which is always possible. In the second the suffering is greater, and absolutely prevents contraction, but does not exist when the muscle is at rest. In the third, not only is contraction impracticable, but spontaneous, and continuous pain is present, and is increased in the passive movements of the arm. In the fourth the pain is of a more aggravated character, and the permanent contraction of the muscles of the axilla fixes the limb in one unchangeable position. According to Mr. Beau, the diagnosis can be established with ease, and palpation, together with the difficulty and pain attendant on muscular action, show that the deltoid suffers, and suffers from rheumatism.

The usual cause is exposure to cold. It occurs frequently in winter nights, when the shoulder is incautiously uncovered in turning in bed, and married are more liable to it than single persons for this reason. Mr. Beau conceives that from its close connection with the skin, to which it is intimately attached by a thin layer of dense cellular tissue, the deltoid is more subject than the other muscles of the same region to suffer in this manner. Hence we can readily understand that when the shoulder is exposed to the contact of cold air, the most habitual determining cause of muscular rheumatism, the skin is first affected, and transmits the morbid impression to the adjacent muscular fibres, which belong to the deltoid.

In general the disease is observed on one side only with any great degree of severity. In 1860, Mr. Beau met at the Hospital of La Charité with four cases, all of which were noticed in women. In 1862 he also noted four cases, three of which were in females, and in one instance paralysis of the deltoid followed the rheumatic pains which had been extremely intense.

The female sex is therefore especially liable to the affection.

Mr. Beau does not recommend any particular medication, but he adduces two cases, from which we may infer, as indeed our previous observations at Hospital Saint Louis had already led us to conclude, that very little benefit is to be expected from any method of treatment. Here, as in stiff-neck and lumbago, cupping, blistering, shampooing, vapour baths, etc., frequently fail in giving any relief, and sometimes the disease suddenly ceases as it had appeared, or gradually diminishes in intensity. Mr. Beau, however, believes that in several instances he hastened the advent of a favourable issue, by cold lotions over the body. Another point deserving of attention, but not alluded to by the author, is the utility of imparting extensive movements to the joint as soon as pressure over the head of the humerus ceases to cause pain. The reluctance of the patient must be overcome, and the arm should be worked in order to avert a progressive increase of the weakness of the deltoid muscle, and the contraction of the fibrous structures.

CAUTERISATION OF INTERNAL HÆMORRHOIDS WITH MONOHYDROUS NITRIC ACID. — When external hæmorrhoids are accompanied by the protrusion of internal piles, Mr. Gosselin conceives that surgical interposition is called for. The surgeon should resort with regard to the internal hæmorrhoids, to an innocuous and moderately painful procedure, analogous to that adopted by nature in the spontaneous destruction of protruded and strangulated piles. The constriction occasions mortification, the ulcers heal, the cicatrisation is attended with decrease of the bulk of the tumours, and the subsequent contraction of the scars causes them finally to disappear, together with the symptoms to which they had given rise. Mr. Gosselin artificially attains the same object by the application of monohydrous nitric acid, which effects the desirable structural changes, has none of the perils of excision, and possesses a degree of security and precision as perfect as if the actual cautery or the *écraseur* had been resorted to.

The *Gazette des Hopitaux* describes this procedure in its impression of December 20, 1862, in recording the case of a woman who was admitted into Mr. Gosselin's wards for excoriated internal hæmorrhoids.

The patient, says Mr Brochin, had long suffered pain during and after defæcation, and a sensation of obstruction was experienced in the anus after the passage of evacuations, as from the presence of a foreign body; the tumours engaged in the sphincter were reducible by steady pressure with the hand during several minutes, and the pain persisted for half an hour after this operation. By careful examination of the parts after the administration of an enema, Mr. Gosselin ascertained the presence of several extruded internal hæmorrhoids, moderately large, one of which was excoriated on its surface, forming a kind of fissure, which was doubtless the cause of the severe pain complained of. Around the margin of the anus several round hard piles also existed, which became somewhat congested during prolapsus, but promptly subsided when the mucous membrane and internal hæmorrhoids were replaced in the intestine beyond the gripe of the sphincter.

Although some part of the sufferings of the patient might be referrible to the excoriation alluded to, Mr. Gosselin opined that the pain might also be fairly attributed to the protrusion and temporary strangulation of the internal tumours, and that it was desirable to have recourse to measures calculated at once to remove the fissure and guard against prolapsus. For this purpose he adopted the plan we have mentionad, which for more than twelve months he has given the preference to for the treatment of internal piles causing hæmorrhage, obstinate prolapsus, severe pain, etc.

An enema was in the first place thrown in; immediately after the evacuation of the contents of the bowel, a pencil of amianthus, steeped in monohydrous nitric acid, was applied to the excoriated surface, and to the surface of the other internal hæmorrhoids, which were then permitted to return into the rectum. The pain and subsequent inflammation were moderate, and favourable results may confidently be expected.

(*a*) Mr. Beau here all but names *pleurodynia*, but refrains from doing so because he doubts its rheumatic nature. He conceives it to consist, not in rheumatism of the intercostal muscle, but of the intercostal nerve, that is to say, in rheumatic neuralgia analogous to sciatica or tic douloureux.—THE EDITOR.

The Medical Circular.

LECTURES
ON DISEASES OF THE SKIN.

By George Ross, M.D.

The Complexity and Uncertainty of Remedies—Cutaneous Diseases not Local Affections—The Constitutional Character of Cutaneous Diseases—Parasitical Affections—Hereditariness; Psoriasis; the Gouty Affections; Lichen and Gout.

There is no department of the Practice of Medicine more complex than that of the treatment of diseases of the skin. If we are readers of the Medical journals, we shall see almost every week an announcement of some new recipe or method of cure; but rarely a single good reason given for the administration of any remedy old or new. These prescriptions are almost invariably designed for external application. Many of the new recipes are merely modifications of old ones; or some of the resources of general surgery, applied to this particular department of practice. Yet we cannot afford to overlook any new suggestion; for skin diseases are among the opprobria of medicine, often uncertain in their origin, variable in their course, and intractable to the ablest treatment.

This characterisation applies chiefly to chronic cases; the acute and simple forms being easily manageable. It is owing to the great difference between the ephemeral and chronic cases in their relations to treatment, that the administration of remedial agents has been so unsatisfactory, that which one practitioner has found successful, failing in the hands of another.

Then, again, it is forgotten that old cases can only be cured by a protracted treatment. Nature may be drawn but cannot be forced abruptly from her old ways. The process of reparation and change is often slow, and requires patience and perseverance on the part both of the sufferer and practitioner. If this be not borne in mind, we are apt to fly from one remedy to another without getting the proper curative efficacy out of any.

Again, it is quite a mistake to regard the immense majority of cutaneous diseases as merely local, as has been hitherto a generally accepted notion.

As a result of this opinion, the treatment of these diseases has been almost entirely empirical; and the multiplicity of alleged remedies truly surprising. Most of these recipes, however erudite and skilful in appearance, are merely a shuffling of the components of old prescriptions into new places and with fresh proportions. We do not find this excess of empiricism in the treatment of any other class of maladies, the pathology and course of which are well understood. Generally speaking, the treatment of disease is simplified in proportion as an opportunity of studying the effect of remedies is afforded to the senses. The treatment of surgical affections is comparatively simple. Tonics and a suitable dietary internally, and plain water applied, in various modes, externally, constitute apart from operative proceedings, the sum of the most advanced practice. Diseases of the lungs have, since the introduction of the stethoscope and the foundation of a method of diagnosis on physical signs, become equally amenable to very simple treatment. The therapeutics of eye diseases also is gradually undergoing improvement, especially since the ophthalmoscope has come into use. We no longer hear of the bold, reckless, and experimental practice resorted to a quarter of a century ago. It is only when we do not understand a disease, when its cause and course are shrouded in mystery, that we indulge in a tentative practice, and encumber our books and memories with a farrago of ingeniously-contrived but useless remedies.

Again, it is in the latter class—the ill-understood class of diseases—that we are more especially prone to swear by authority. When Nature does not clearly reveal her methods to our senses, we are glad to take the dictum of any interpreter. What does Dr. A. or Dr. B. say? is the question.

An exaggerated or exclusive view of the local nature of diseases of the skin is then erroneous both in principle and practice. Nine-tenths of the complex medicaments that are ordinarily given for the cure of eruptions might be dispensed with by attending more systematically to the general health of the sufferers. Take acne for example. What a multitude of external applications has been advised and resorted to for the cure of this disease! Yet it must be apparent to any intelligent practitioner that this complaint in most cases attends the evolution of certain new states of the system at the period of puberty, that in other cases it is merely symptomatic of a disorder of the blood, stomach, or other of the internal organs—*never purely local.* External remedies may, and do, palliate but cannot cure. If any practitioner fancies he can cure acne simply with ointment of nitrate of mercury or of iodide of lead, or sulphur, lotions of bichloride of mercury or hydrochlorate of ammonia, bran wash or almond emulsion, &c., &c., he will commence a wild-goose chase. He had better put them all and each aside, and give his attention to the constitutional conditions which his medical training will convince him excite the cutaneous disorder. I do not say that he must not employ local remedies, only that he must not rely upon them, and deceive himself and the miserable sufferer. He can soothe the skin, and comfort his patient; but beyond this, lotions and ointments will not avail.

This is the broad distinction I wish to enforce in the treatment of all diseases of the skin; for I know of none that are not benefited by its habitual observance.

Then it must be further remarked that, however numerous the remedies, their efficacy is attributable to some common action. If internal remedies, they either depurate the system of effete or injurious matter, support the vital powers or improve the innervation; of external, they either stimulate the skin, soothe it, re-establish blocked-up secretions or act as parasiticides. Now, many remedies may effect each of these intentions; and as a consequence each practitioner has a selection of favourite resources. These have been the chief causes of the multiplication of curative agents.

The Constitutional Character of Cutaneous Diseases.

What do we mean by a constitutional cause in relation to eruptive affections?

In the first place, it may be a fever—a disturbance of the general system, as in the exanthems, and the acute stage of eczema or lichen.

2nd. It may be organic disorders, as of the liver, intestinal canal, womb, kidneys, lungs, brain, or spinal cord.

3rd. It may be an evolution of a constitutional change, as at puberty and the climacteric.

4th. It may be an outbreak of a specific inflammatory disease, as gout.

5th. It may be a constitutional cachexia induced by small-pox, scrofula or syphilis.

6th. It may be a congenital or hereditary predisposition.

7th. It may be a bad conformation, especially of the chest, interfering with the aeration of the blood, and, consequently, the nutrition of the system, or it may be simply the debility induced by privation and unfavourable atmospheric conditions.

8th. It may be perverted innervation dependent upon irritation in some distant organ; or

9th. A degenerated state of the skin itself caused by the persistence of the disease, and involving disordered functions in other organs.

As a rule, then, eruptions are an evolution of an internal action; the skin is not primarily but consequentially attacked, and we are forced to the conclusion that remedies addressed to the operations of the interior economy are necessary to the cure.

Parasitical Affections.

Even as regards parasitical affections, I maintain this doctrine. It is no proof to me that the constitution is not affected, because we can kill the parasite. I have just had a child under my care with favus; in less than a week from the time of commencing treatment, the head has been cleansed, chiefly by cutting the hair, employing a lotion of hyposulphite of soda, and a stimulating ointment. In two or three days the child may be pronounced cured. Yet cured he is not. He is a pale, strumous boy, with a square head, protuberant at sides, and flat at top; and, unless he be fed with iron and cod-liver oil, will at no distant period, in all probability, exhibit a porrigenous eruption on his body and scalp. Yet we are told, because we destroy the parasite, we annihilate the disease, as if the parasite were the disease, the *fons et origo mali.* Not so; parasites, like other plants, require a suitable soil to grow in. Neither on your head nor mine will they germinate, though the air should be, as it is said to be, freighted with their spores in myriads. Give them the proper nidus, and they will spring up, like mushrooms, in a night.

The Hereditariness of Cutaneous Diseases; Psoriasis.

Again, there is no idea more strongly impressed on my mind, than the conviction of the hereditary character of many of the more intractable forms of cutaneous affections. Not that every hereditary predisposition shall always manifest itself in the same form of disease. It would be a great mistake to assume this, just as it is a glaring error to assume that there are distinct lines of demarcation between the numerous varieties of eruptions. Papules, vesicles, pustules, and scales, all glide one into another; and you may see all the forms at once on the same patient—one predominating, others incidental, or one maturing into another. I have already expressed my opinion of the hereditary character of most of the structural forms of cutaneous disease—*e.g.*, acne rosacea, prurigo, psoriasis, and lepra. A few days ago, I saw a child with patches of psoriasis on various parts of his body. On making inquiries, I found that his mother—a lady of much intelligence,

and possessor of a large share of beauty, too—had been, when a child, afflicted with the same disease, but not since; that she had two brothers and one sister similarly affected, and that her father had also suffered from cutaneous disease all his life. Her mother, I was informed, was quite free from any affection of the skin. Histories of this kind are continually coming to my knowledge.

The Gouty Diathesis; Lichen and Gout.

The dependance of some eruptions upon a poisonous principle in the blood, has been manifested to me in a very striking manner during the past fortnight. I was requested (Jan. 31st) to see a gentleman who had been taken ill on the previous evening, when, as it was said, "an eruption had broken out all over his body." On visiting him, I found that he was about twenty-five years of age, of rather pale complexion. He first showed me his arms, which were covered, both on the inner and outer surface, with small papules, sometimes solitary, and sometimes grouped—clearly lichen. These had been so hot and itching, that they had kept him awake during the greater part of the night. This eruption was spread over his body, but least on his legs. On making inquiries respecting his general health, he showed me his right foot, and lo! the great toe and instep were red and swollen—unmistakeable gout! There was also a patch of redness over the left olecranon; it was not, however, accompanied with swelling. He was ordered an aperient and a draught containing twenty minims of Liq. Potassæ, and twenty minims of Vin. Ant. Tart., to be taken every four hours. An alkaline lotion was prescribed, consisting of two scruples of carbonate of soda, half an ounce of glycerine, and half an ounce of rectified spirits of wine, to six ounces of distilled water. This was to be applied frequently, to allay the itching.

Feb. 1.—Feels more comfortable; the lotion gives ease. There is, however, a patch of redness, also, over the right olecranon. The eruption is more developed, and very peculiar. The papules are disappearing, and their bases are becoming tubercular, being hard and elevated, about the size of split peas. More than this, a delicate red ring, of about half an inch in diameter, surrounds each, the intervening space being natural in hue. There are no papules in the ring, thus differing from what is termed lichen annulatus and its allied forms. When three or four papules are grouped together, their areolæ are united, and form a circle of about an inch in diameter, the skin looking mottled.

Feb. 2.—The rose rings have disappeared, but the tubercles remain, though less hard and elevated. Toe better, but the sole of the foot is swollen and painful. To add half a drachm of Vin. Colchici to each dose. Repeat the aperient.

Feb. 3.—The eruption and the gout disappearing together.

Feb. 4.—Both gone. To take quinine.

This was a most interesting case, equally as regards the synchronicity of gout and lichen, and the remarkable character of the eruption. This eruption I should be disposed to term *lichen tuberculosus*, only that it is a pity to multiply designations.

I believe that the alkaline treatment was efficacious in determining the conclusion of this eruption; which, from its abundance, and the peculiar size and hardness of the base of the papules, might have been expected to continue, even after the relief of the gout. I may observe that this gentleman was very abstemious, and had not tasted any spirituous beverage for four years.

There was, however, an hereditary tendency to gout as well as to eruptive disease. A younger brother and sister, whom I had attended some time before, suffered more severely from acne than any persons whom I have ever seen; and an uncle, who had been a martyr to gout for many years, and whose hands were knotted with chalk-stones, hearing that his nephew was ill from the same affection, could not refrain from visiting him to congratulate him upon his first attack of the family complaint!

Here was one instance among many, in which gout and lichen were associated and caused by a common poison; but had there been no evidence of gout, still experience would convince us that lichen is produced by some abnormal principle, or by an excess of some natural principle (probably acid) in the blood. The mere description of the external characters of eruptive diseases can teach us but little about the proper curative treatment, which must be learned by studying them in the light of a general pathology.

(To be continued.)

CASE OF POISONING BY MEASLY PORK.

By W. B. McKinlay, M.D., Paisley.

On Friday afternoon, 7th November, Mr. Colligan, of Johnstone, called and requested me to make a post-mortem examination of the body of a child, aged about fourteen months, which had died unexpectedly that morning, having been taken unwell only the evening before.

On proceeding to the place—a small village about four miles distant from Paisley—I found upon inquiry that the following were the particulars regarding the death:

On the Thursday the child (a boy) aged about fourteen months, was in perfect health, and very lively, running about and playing with other children in his usual way. On account of being an interesting and very active child he was a great favourite, and was made much of. Nothing whatever unusual had occurred during the day. When the father came home from his work (that of a miner) about six o'clock in the evening, the child was taken upon his knee, and shared with him his evening meal. This consisted of some fresh pork and tea, with the usual accompaniment of bread. The child got a small quantity of the pork, and drank sparingly of the tea, of which he was not very fond. He continued well until eight, when sickness came on, and very shortly vomiting took place, though not to any great extent; the bowels were also acting rather freely. The sickness continued very severe. Indeed, as the parents described, he was completely laid with it, continued so during the whole of the night, and died early next morning (Friday). Until shortly before the death the parents did not consider that there was anything of great importance wrong with the child, and as they had to send a distance of two miles, they had not thought it necessary to send for Mr. Colligan. Shortly previous to death they saw the face of the child, as they said, becoming very dark, when they at once sent off for him; but before he was able to reach the place the child had died. It should, however, be remarked that they of their own accord had put the child into a hot bath, and had given him small quantities of spirits, with which exceptions, however, they had done nothing.

The body was that of a child well formed, and evidently well nourished. There were no marks upon any part of the surface of body, which was rather pale. On laying open the chest the thymus gland was found large in size; the lungs were found of a bright colour, and healthy in structure; the heart was normal, and within the various cavities there was a small quantity of dark blood. The liver was slightly congested, but not markedly so. Over the whole external surface of the bowels there were numerous small ticks, or minute points of a reddish colour. The contiguous parts were perfectly pale, at no part was there the slightest appearance of inflammation. Few, if any, of these points were larger in size than a pin head. Double ligatures were carefully applied round both the cardiac and pyloric orifices of the stomach, and the stomach and its contents were removed for examination. The lining membrane of the stomach was found rather redder than usual, and throughout its whole surface, both external and internal, there were very many ticks or points similar to those above described, but at no part of it was there any appearance of decided inflammation. The contents, about three fluid drachms, were of a dark colour having no peculiar odour. The substance and contents of the stomach were removed in a carefully secured bottle for further examination. All the other viscera were in a normal state. The brain was exposed, and the vessels were found very slightly congested.

The stomach and its contents were carefully examined both chemically and microscopically, but no abnormal substance could be detected. Small portions having the appearance of minute pieces of pork were seen, but nothing remarkable otherwise.

Two other members of the family who had at the same time partaken of the pork were slightly sick, but so slight as to call for no special remark. I found that a portion of the pork was still left; upon examination, I found that it was very much measled. This I am very much inclined to believe was the cause of the fatal result. I was very careful in the chemical analysis, making it a most minute one, but not the slightest indication could I obtain of the presence of any poison or noxious matter.

So far as I am at present aware, this is the first case of rapid fatal result arising from measled pork. In the other parties who partook of it at the same time, sickness had been induced only in a very slight degree. This might, in some measure, be accounted for from the fact that in all probability in their cases a large portion of farinaceous matter would be taken along with it, and also from the more robust state of the system—they being full grown; whereas in the case of the child, even although it had been wholesome, it was, to say the least of it, a very questionable article of diet.—'Glasgow Medical Journal.'

Middlesex Hospital.—The quarterly court of this charity was held on Thursday last, the Hon. Captain Maude R.N., in the chair. Prayers having been read by Dr. Hare, the chaplain, the usual business was transacted. Among the legacies bequeathed during the past quarter there was one which is deserving of special notice, inasmuch as the doner, Mr. Cropper, exhibited a singular instance of rigid economy in his personal expenditure, combined with a bountiful and almost princely benevolence towards the poor. Mr. Cropper, who was ninety years old when he died, had it appears, survived all his relations. He was a barrister-at-law, and lived in the most frugal manner in his chambers at Gray's Inn. The amount of his property at the time of his decease is estimated at 4,000*l.* per annum, and 10,000*l.* in money, the whole of which he has bestowed upon the London charities, selecting Middlesex Hospital as his residuary legatee. This has been a great boon to the institution, as it appears from the report that its expenditure is considerably greater than its income.

THE MEDICAL CIRCULAR.

WEDNESDAY, FEBRUARY 18, 1863.

WANTED, A BOARD OF HEALTH.

We once had a Board of Health in this country; but it seemed good to Parliament to cut off the supplies, and the Board was of necessity abolished. Yet a State Department for the management of all matters relating to public health is a requirement among every civilised people. In this respect, France takes the lead and the credit from England. Although in this country the science of preventive medicine originated, yet we cannot be faithful to our own honour, nor act up to our own convictions. Parliament, which is said to be the embodied wisdom of the country, likes to indulge in philanthropic aspirations, but hates to pay for them. It is ever professing to desire the well-being of the people, and is fond of drawing eloquent perorations on the proverbial topic that "health is wealth;" yet it grudges every shilling expended to realise its own principles. How delighted the radical members were to dissect the last Board of Health, to haggle over the few pounds it cost the country, and to hold up its operations to contempt. They could not, however, get rid of Mr. Simon, so they transferred him to the Privy Council, where he enjoys the *otium cum dignitate* of a retired benefactor of his country.

The Ministers do not care to disturb his ease and serenity. He stands outside the enchanted circle of executive duty; he is left "out in the cold," as the Americans would say, and there is no disposition to warm him with work. We do not suppose that this is the fault of Mr. Simon; it seems rather to be a set purpose on the part of the Government to ignore the existence of their Medical Officer of the Privy Council. How, otherwise, must we account for the step recently taken by Lord John Russell, who, on receiving a communication from the Paris Board of Health, asking to be made acquainted with English experience on the subject of Tinea, sent the queries—not to Mr. Simon, the Government's Officer, but to the College of Physicians?

We congratulate the College upon receiving the confidence of the Ministry, and advise them to ask for a Parliamentary grant to recompense them for the cost of discharging the duties of a Board of Health. Their new Licence has not been so successful a speculation that they can afford to pay out of their own coffers the expenses incident to the performance of a public duty.

Seriously, it is time that there was some professional organisation for public purposes in relation to sanitary questions. Mr. Simon is evidently thought not to be sufficiently representative, or his office not of adequate dignity to justify his being charged with ministerial duty; the College of Physicians is in our judgment too partial in its constitution and relations to the Profession at large, to be entrusted with such a task; but there is one body that assuredly is not wanting either in dignity, intelligence, or comprehensiveness of character which would be eminently adapted for such an office. Why does the Government on such occasions overlook the MEDICAL COUNCIL? It has no more claim upon one body than upon the other; and if the Government thinks it right that the duties of a Board of Health should be confided to a Medical body—an opinion which we consider entirely correct—then the most suitable Board to which they could be entrusted would be the Medical Council.

The Medical Council being a representation of all the Universities and Colleges, would be able, without exciting jealousies, to communicate with all those institutions, supposing it should deem such a course necessary, and through them with every member of the Profession.

The duties of a Board of Health would constitute a very proper function for the Council, and would not fail to add to its importance and dignity. There would be no difficulty, moreover, in carrying out any duties of the kind through a committee, the members of which, resident in the three kingdoms, would, on receiving a communication from the Registrar, of the nature of that which has originated these remarks, be in a position to collect the opinions of medical practitioners in their own districts without delay or difficulty.

SUMMARY OF THE WEEK.

RUSSELL *v.* ADAMS.

The conclusion of this case has so completely taken the world by surprise that it is difficult to account for the extraordinary verdict to which the jury, after some hesitation, agreed. Mr. Adams, who is the well-known Orthopædic Surgeon, was charged with a breach of promise of marriage, alleged to have been given under circumstances that seem entirely to preclude the possibility of a belief that any such promise had been made. Mr. Adams is a married man and has a family of children; he holds, moreover, a good social and professional position, and up to this time has borne the shield of his honour untarnished. The plaintiff, who is a widow, has a daughter who appears to possess certain social attractions,—among others a good voice for song; and it would seem that on one occasion Mr. Adams had the felicity of hearing it.

It is stated that Mrs. Russell first presented herself to Mr. Adams at the Orthopædic Hospital to obtain his advice on the case of a deformed child. As she represented herself to be the widow of a physician who had practised in Dublin, and to have other medical connexions, Mr. Adams was anxious to show her some courtesy, and told her to apply in future at his private house. This she did for a time; but, being at length taken ill, she was unable to pay the customary visit, and sent her daughter with the child. At this period the Russells were living at Hornsey; but now it is alleged that they were induced by Mr. Adams to take expensive lodgings in Osnaburgh-street, London, that for six months, he had frequent intercourse with the mother and daughter, and that the end of it all was a promise of marriage. A charge of this kind ought to have been sustained by clear evidence; but from beginning to end of the testimony on the side of the plaintiffs there was absolutely nothing to prove the allegation. No letters, no corroborative testimony, no evidence of improprieties, nothing to show that the intercourse between Mr. Adams and the Russells was anything more than might take place without sinister or ulterior intentions.

This pseudo-love affair became complicated in Osnaburgh street with pecuniary troubles, and an inconvenient landlady becomes a prominent character in the drama. The Russells ate and drank freely, the elder lady having a peculiar taste for unsweetened gin and soda water, and they set up great pretensions, but Mrs. Lama, the landlady, refused to be mollified. At length they told her that the young lady was engaged to be married to Mr. Adams. Mrs. Lama, anxious, perhaps, to make good her security, broached the subject to that gentleman one day when he was making a call. Mr. Adams was astonished, and denied the soft impeachment point-blank;

Mrs. Lama's eyes were opened, and her lodgers changed their residence. Then Mr. Adams called on the Russells with Mr. Blaize as a witness; everything was denied, but at last, the Russells, apparently at the end of their wits and their purse, resolved to bring this action for breach of promise. Such is an outline of the case; there is no evidence against Mr. Adams worth a straw, nothing to ground a case upon, not a single point upon which an adverse judgment could be based.

Nevertheless, the jury were divided in opinion for some time, and at length compromised their differences by agreeing to a verdict which is about as mischievous as if it had been given against the defendant. They exculpate him only because the plaintiff had not proved her case to their satisfaction—practically a verdict of not proven—a verdict in which the charge is assumed to have been probably true and failed only because proof could not be adduced. This sort of verdict is most unusual in our courts of law, and, in the present instance, appears to us to be without an iota of justification. The Lord Chief Baron dwelt, in the course of his summing up, very strongly upon the moral aspects of the case, and although perhaps he did not intend to press heavily upon the defendant, yet it would appear that his observations had an unfortunate influence upon the minds of some of the jury. On the whole, we have never known a verdict less supported by the evidence; and we cannot refrain from expressing our opinion that the implied censure on Mr. Adams is quite unmerited, and that he left the court without a stain upon his honour.

BAD TIMES FOR DOCTORS.

London has rarely been so healthy as at the present time. The Mortality Lists are far below the average of the last ten years, and, in the City of London, Dr. Letheby says that last week the deaths were only 45, the average of seven years for the corresponding week being 68—one-third more. Of course there are no patients, and doctors have plenty of leisure to muse upon the geology of London flagstones, or attend Christmas parties. We have seen more doctors promenading in Regent-street during the past week that we can ever remember,—a very bad sign of the times. The extreme salubrity of the season is, no doubt, owing to its mildness. The air on many days has been fresh and balmy, and the temperature unusually moderate. It seems likely to last!

RAILWAY REFEREES.

In a case heard before the Court of Exchequer, before Mr. Baron Martin, last week, in which compensation was claimed for an injury caused by a collision that took place in the Clayton tunnel, on the London, Brighton, and South Coast Railway, the learned Baron is reported to have censured Dr. Hall, the referee of the Company, and Dr. Taff, the medical attendant of the patient, for having settled the claim by private arrangement. The father of the plaintiff was at first offered 10*l.*, which was refused; he then agreed to take 15*l.*, and signed a document to that effect. His son, however, did not improve in his health, as was expected, and he brought this action. The original agreement was altogether set aside, and the plaintiff was awarded five hundred pounds in damages. The point to which we wish to call attention is this—the morality of Medical men negotiating private settlements of such claims. Mr. Baron Martin is reported to have said "that the conduct of the Company was such as he hoped not to see repeated. If Medical men in the position of Dr. Hall and Mr. Taff chose, in addition to their professional duties, to act as a Company's agent in settling claims against the Company, and obtaining receipts for the same, they must expect to hear some unpleasant comments made on their conduct, and he hoped that he should hear of no more such cases in future. He would, however, be sorry to impute *actual fraud* to Dr. Hall." This is very strong language; but we also are sorry that we cannot see its justification. Private arrangements are made every day by persons who are not Medical men; the very Judges not unfrequently recommend that disputes coming before them should be arranged privately, and sometimes add that they ought not to have been brought into court at all. If Baron Martin's dictum be sound, then every trumpery case of claim for injury must be taken into a court of law. Perpetual litigation may suit lawyers, but it is not good for the public; and it is better on moral grounds that such questions should be settled, when possible, by private arrangement. The objections against going to law are, as a rule, as strong in these cases as in others; but the lawyers would not like to lose the profitable business which arises from actions against rich companies.

The same newspaper that gives a report of this case also reports another, arising out of the same accident. This was heard at Guildhall, before Mr. Secondary Potter and a special jury. It was of considerable importance, and the damages awarded amounted to 2,500*l.* In this case, an attempt was made to bias the jury by reprehending the conduct of the Company. Mr. Montague Chambers "complained of the system acted upon by Dr. Hall to settle cases. He hoped it would go forth to the public, and that the Company would abstain from such improper conduct." Mr. Secondary Potter, however, took a sensible, business-like, and extra-professional view of the matter. He said that "he did not agree with all that had been said by the learned counsel as to the propriety of the system of a Medical man settling cases of accident. It might be prudent in some cases, and save litigation. It was, however, a mere matter of opinion." We have no doubt of the expediency of settling trivial cases in this manner; although, of course, certain cases will occur, when the decision of a more important tribunal may be necessary for the administration of justice. The remarks of Mr. Baron Martin are, we think, unduly severe.

MR. COULSON.

We observe with much satisfaction that His Royal Highness the Prince of Wales has directed Letters Patent to be passed under his Privy Seal, appointing Mr. Coulson, the eminent Surgeon, Sheriff of the county of Cornwall. Mr. Coulson has purchased considerable property in the county, and possesses a beautiful seat at Kenegie, near Penzance, his birth-place. It is rumoured that Mr. Coulson intends to resign his post at St. Mary's Hospital, thus carrying into effect the rule advocated in this Journal, and already acted on by many distinguished surgeons. We congratulate Mr. Coulson on his intention to escape from the labours of his public appointment, as it will afford him greater liberty to recreate himself amid the lovely seclusion of Kenegie, and to spend a due portion of his latter days in view of the magnificent panorama presented by the glorious bay that circles his native town. The honour which has been just conferred upon him shows the high estimation in which he is held in his county.

PROPOSED HOSPITAL AT ROTHERHAM.—A committee appointed to carry out the intention of the inhabitants to establish a public hospital, met for the first time on Wednesday the 4th inst. The Chairman, J. Yates, Esq., expressed his willingness to give half an acre of land for the site, provided an adjoining piece of similar dimensions could be obtained. It is proposed to amalgamate the dispensary already existing with a new institution.

THE UNIVERSITY OF ST. ANDREWS.

The deep interest which is now taken in the University of St. Andrews, in consequence of the liberal policy it has long maintained, and the high character of its examinations, has induced us to publish a brief account of its origin and history. We are indebted to a little book published by Mr. Fletcher, of St. Andrews, for the particulars of this account. The large number of gentlemen who have recently become graduates of this venerable university will doubtless be gratified by a perusal of the more important incidents in the annals of their Alma Mater. Notwithstanding some disparaging insinuations which have recently appeared in some of the journals, it may be confidently asserted that the graduates of St. Andrews have given evidence of attainments superior to any required to pass the ordeal of other examining boards—one alone perhaps excepted—the University of London. We have no doubt that in the course of a few years, the alumni of St. Andrews will exhibit, in proportion to their numbers, as brilliant a galaxy of writers and practitioners as distinguishes any other university, and that the past glories of this grand old seat of study will be revived in its modern graduates. While adverting to this rejuvenescence, we cannot forbear to pay due honour to the name of Dr. Day, by whose unwearied zeal, ability, and devotion to the interests of the university, this great improvement has been mainly effected. A change has indeed come over the university through the new regulations issued by the Scottish Universities' Commissioners; the jealousies of its rivals have succeeded in curtailing its privileges, and it has ceased to be the fountain of honour to all those practitioners of talent and experience who had not in early life the advantage of a residence at a university. Nevertheless, we have faith in the energy of Dr. Day and his colleagues and in the prestige which the university has acquired, and we see no reason to doubt that the fame of St. Andrews will continue to shine with undiminished lustre. The city has unusual facilities for study, and already enjoys several valuable educational establishments. In the Madras College it possesses an institution where one thousand boys receive a good classical and mathematical education at a small cost,—an institution that, so far as we know, has no rival in this country, except it be the great charitable foundation of Christ's Hospital!

It has two Colleges in connexion with the university; and if a good anatomical class should be formed, we do not know any place in the three kingdoms where the study of medicine might be so advantageously prosecuted. Then what man can be insensible to the *genius loci?* Oxford and Cambridge exert special claims on account of their antiquity—an antiquity that may be said never to grow old; not less so St. Andrews, but it is the antiquity of ivy-clad ruins and mouldering tombs. Nowhere in England, is there anything comparable to the picturesque and mournful beauty of this old city. Its vast remains of castle, cathedral, abbey, gate, and wall, are monuments of Scottish History that speak eloquently of the ecclesiastical pomp, the burning enthusiasm, and the deadly struggles of the past. Scotland has yet to learn how to appreciate this city. It shows to her that she had a glorious history before the days of John Knox, and we can fancy that the genius of the nation may yet take a flight from the "modern antique" fane of St. Giles's in the High-street, Edinburgh, to meditate, not without pride, among the stately relics of a by-gone age in the widowed city of St. Andrews. Perhaps our Scotch friends, with all their love of country and earnest sentiment have not yet grown archæological; we hope they may, if only to allow that we have not described with too much ardour the varied beauties of the city of their patron-saint.

The first idea of universities, properly so called, appears to have been formed about the beginning of the twelth century, when the human mind, after the long and painful state of privation to which it had been subjected during the dark ages, seems again to have repaired to the springs of Helicon with extraordinary avidity and ardour.

Previously, indeed, to that period, a kind of schools had been established in most of the cathedral churches and monasteries of Europe, for the instruction of youth. But these were upon a limited plan. They consisted chiefly of institutions for the teaching of grammar and church music, with a little rhetoric, logic, and theology. The teachers employed were few, being only one or two in each school. At the cathedrals, usually the bishop himself, or he with an assistant, and in the monasteries little else seems to have been aimed at, but the instructing of the younger monks and nuns in such a knowledge of the Latin language, and of church music, as might enable them to go through the church service with some sort of decent propriety.

But the ardent spirit of the twelth century was not to be so satisfied. Plans of education were formed of a far more extensive and liberal kind. Societies, composed of persons of the first abilities and learning, undertook to instruct youth in the various branches of human science.

These societies were at first distinguished by the name of *Studia Generalia*, General Studies, or simply Studies; as the Study of Paris, the Study of Bologna. But, about the end of the twelfth century, or the beginning of the thirteenth, they began to be most commonly known by the name of *Universitates*, universities; either because learning of all kinds was taught in them, and students of all countries admitted into their community, or because they were formed into legally constituted corporations, which, in the Latin of those times, were termed *Universitates*.

The plan of these societies appeared to be so advantageous, that they were countenanced and encouraged by the pope, and by every Sovereign in Europe, as well as by all the opulent part of the community; and having had large donations bestowed upon them, they soon became sufficiently rich, not only to enable them to erect extensive buildings for the accommodation of themselves and scholars during their public hours, but also for the purpose of private dwelling-houses, and other accommodations. They were also enabled to establish funds for the support and maintenance of the poorer sort of students. The teachers were termed professors; and the time that ought to be employed in the study of each branch of knowledge was properly ascertained.

Honours and titles were proposed as incitements to diligent application; and these, after a stated form and course of examination had been gone through, were conferred upon the approved scholar. The high value set on these honours is sufficiently apparent from history. Doctors, masters, and bachelors, contended even with the knights of those times for precedence; and some went so far as to assert, that a doctor was a knight in consequence of his academical degree, and that the usual form of creation was not here necessary. This they distinguished by the term *Chivalrie de Lectures;* and the consequences of it was, that the new institutions in a short time were replenished with a vast and almost incredible number of students. In the year 1262, there were 10,000 in the University of Bologna; and, in 1340, there were three times that number in the University of Oxford.

As the establishment of universities was at first a consequence of the progress and learning, so did they in their turn contribute to accelerate this progress, and to dispel that thick darkness which had for four centuries overspread Europe. The ignorance of this period was almost total. Men in the highest offices of the state sometimes were incapable of signing their own name, and even the clergy were in a great measure unlettered. "They contented themselves," says William of Malmsbury, a very sensible and judicious writer of the twelfth century, "with the slightest smattering of letters, and could hardly stammer through the offices of the church. If any one amongst them understood a little grammar, he was admired as a prodigy." Sir Walter Scott makes Douglas say—

> "Thank God that never son of mine,
> Save Gavin, e'er would pen a line."

This Gavin was the celebrated Bishop of Dunkeld.

The youth of Scotland, during the middle ages, were not inferior to their neighbours in genius, or in taste for learning. But having no university in their own country for more than two centuries after the institution of these seminaries in others,

they were obliged, when they wished to prosecute their studies, to go abroad. And as this was attended with trouble, and a very serious expense, it was a disadvantage strongly felt and deeply regretted by many; but the distracted state of the kingdom, almost constantly involved in wars, prevented for a long time the application of a remedy.

At length, in the year 1410, a few men of letters in this place, desirous of remedying the evil which had been so long felt and complained of, and of promoting the interest of learning in their own city, formed themselves into a society, for the purpose of teaching the sciences, and generously offered their services to as many as chose to attend. John Shevez, official of St. Andrews, William Stephen, afterwards Bishop of Dumblane, and John Lister, one of the canons of the monastery, read lectures at different hours on Divinity. Laurence Lindoris, a learned theologian, explained the fourth book of the sentences of Peter Lombard. Dr. Richard Comel taught the civil and canon laws; and John Gyll, William Foulis, and William Croisier, logic and philosophy. These gentlemen commenced their lectures at Whitsunday 1410, and were attended by a concourse of students beyond their greatest expectations.

The success of their lectures was such, that Henry Wardlaw, formerly precentor of Glasgow, and then Bishop of St. Andrews, the thirty-second in succession of the bishops of this place, a magnificent and liberal minded prelate, a great, and perhaps the chief promoter of the association we are speaking of, granted, in about nine months after, a charter in the following terms:—"To the venerable doctors, masters, batchelors, and students, residing in his city of St. Andrews, and their successors, confirming the university there, which they had so laudably instituted and begun, constituting and declaring it to be an university, for the study of divinity, law, medicine, and the liberal arts, and taking it under his special protection." This charter is dated at St. Andrews, the 27th of February, 1411. In it, the bishop, for himself and successors, granted to the members of his university of St. Andrews, and their successors, all the powers, privileges, and immunities, usually granted to other universities, which are enumerated; and obliged the aldermen, bailiffs, and other officers of his city of St. Andrews, when they entered on their offices, to take an oath before the rector of the university not to invade or violate any of these privileges. In the same charter, the prior and chapter of St. Andrews, with the archdeacons of St. Andrews and Lothian, give their consent to the establishment of the university, and grant the same privilege to its members in all their baronies and lands.

But as no transaction of moment was in those times concluded without the approbation of the Pope, the above mentioned charter, accompanied with petitions for its confirmation from the king, the bishop, the prior, and the chapter, was transmitted to Benedict XIII., one of the three then contending popes, and to whom Scotland then adhered. Benedict, who resided at Arragon, granted two bulls in return; one confirming the above charter, and all the privileges and immunities it contained, and another conferring additional privileges on the new university above those contained in the charter. But these bulls were dated at Paniscole, a strong place in Arragon, where the Pope then kept his court, 3rd September, 1412.

When Henry Ogilvy, A.M., who had been messenger to the Pope, arrived with these bulls on the 3rd of February, 1413, universal festivity and joy pervaded the city. They were presented to the bishop before a grand assembly of his clergy in the refectory, where they were read aloud with great solemnity, and *Te Deum* celebrated on the occasion. Early in the next month a grand and solemn procession in honour of the event, was instituted, in which there were to be seen upwards of four hundred clergy.

It may perhaps afford amusement to see the account of this transaction as it is delivered by Fordum, or rather his continuator in the Scotichronicon. We shall therefore insert a literal translation of it from the barbarous Latin of that author.

After having told us that that the lectures instituted in the year 1410, continued to be read for two years and a half before the confirmation of the privileges came from the Pope, he goes on to say: "At length, in the year 1413, on the 3rd of February, Henry Ogilvy, A.M., the bearer of the privileges came to the city of St. Andrews; on the joyous arrival of whom the bells of all the churches of the city were set a-ringing. And three days after, namely, on the following Sabbath, the bulls of the privileges, at a solemn assembly of all the clergy in the refectory, which was elegantly fitted up for the purpose, were presented to the Lord Bishop as Chancellor of this University. Which bulls being read in the hearing of all, the clergy and convent walking in procession to the great altar chanted *Te Deum* with a loud voice. This ended, they all knelt down, and the Bishop of Ross pronounced a verse from the Holy Spirit, with the collect *Deus qui corda.* But the remainder of this day they spent with inexpressible jocundity; and the whole of the following night, they made the streets and squares of the city gleam with copious bonfires, and indulged in wine and gladness. Moreover, it was appointed that there should be a solemn procession the next day in the following month of March (that is, on the seventh of March following) to celebrate the festival of the arrival of the privileges, on the very same day with the festival of the arrival of the relics. But who can easily describe the sweet chantings of the clergy, the dances of the people, the ringing of the bells, and the sound of the organs, which took place in that procession? The prior that day solemnly celebrated the great mass of the Holy Ghost, the Bishop of Ross pronounced a sermon to the clergy; and the beadle counted at this procession, besides the wonderful multitude of the people, four hundred clergy, exclusive of inferior clergy and noviciates, to the glory of God and the honour of this university."

The University of St. Andrews became in a short time conspicuous, and acquired great influence in the most important affairs. As early as 1417, in a parliament and convocation of the clergy, which had been summoned to meet at Perth, to determine the famous question concerning the allegiance due to the new Pope, Martin V., who had been invested with the pontifical dignity by the Council of Constance, on the deposition of Benedict XIII., Dr. John Elwood, Rector of the University, and the other famous doctors of it, had influence enough to induce the parliament, notwithstanding the opposition of even the regent of the kingdom and his coadjutors, to withdraw their allegiance from Benedict XIII. and acknowledne Martin V. as lawful Pope. In this the University may seem not to have been actuated by the moss grateful motives. Benedict XIII., it must be remembered, was the Pope from whom they had obtained the ratification of their privileges.

James I. was released from his state of confinement in England, and returned to his dominions within six years after the period of which we are speaking. This prince, the greatest favourite, as well as the greatest favourer of the muses at the time in which he reigned, was particularly delighted with his new University. He bestowed on its various members distinguishing marks of his royal favour, frequently honoured their lectures and public disputations with his presence, conferred on the most deserving ecclesiastical dignities and benefices, and kept by him a list of the most promising scholars, that he might prefer them as opportunities offered. He also granted a charter, exempting them from all tolls, taxes, and services, in every part of the kingdom, and expressive of his highest consideration and regard. This charter is dated at Perth, 20th March, 1431.

The University under his patronage flourished and increased exceedingly, in so much, that it had thirteen doctors of divinity, eight doctors of laws, many other learned men, and a prodigious multitude of students.

But although it was now completely established, and had attained a high character, it was far from being well provide with either funds or accommodations. The professors had no fixed salaries allotted them, and the gratuities they received from their students were probably not large. The latter lived entirely at their own expense, and provided themselves in lodging the best way they could. This continued to be the state of matters for upwards of forty-six years.

The seat of the University, during this period, was the spot where the New College now stands, disponed to the masters by Wardlaw in a charter dated the 9th day of April, 1430, and under the following designation: "To the Dean of the

faculty of arts, the faculty, and each person of the same for the time being, in the University of St. Andrews."

This place was then called the Pedagogy (*Pedagogium*), and was, before the foundation of the University, the seat of what they called in those times an illustrious school (*schola illustris*) the nature of which was as follows: In the twelfth century, when the general desire of knowledge which then sprung up, produced the formation and establishment of the institutions called universities, it also produced the establishment of these illustrious schools. They were institutions fixed in almost every principal city and town of the island, for instructing youth, not only in the most necessary branches of learning, reading, writing, and grammar, but also in several others of a higher kind, as rhetoric and logic. Let us hear the account which William Fitz-Stephens, who flourished in the twelth century, gives of these illustrious schools.

"On holidays," says he, "it is usual for these schools to to hold assemblies in the churches, in which the scholars engage in logical disquisitions, some using enthymems and others perfect syllogisms; some aiming at nothing but to gain the victory, and make an ostentatious display of their acuteness, while others have the investigation of truth in view. Artful sophists, on these occasions, acquire great applause; some by a prodigious inundation and flow of words, others by their specious but fallacious arguments. After the disputations other scholars deliver rhetorical declamations, in which they observe all the rules of art, and neglect no topic of persuasion. Even the younger boys in the different schools, contend against each other in verse about the principles of grammar, and the preterites and supines of verbs."

A school of this kind had been long taught at the Pedagogy before the foundation of the University, but was superseded by that institution.

The model adopted by the bishop for the internal arrangement of his new foundation, was that of the University of Paris, an establishment which, as it was perhaps the earliest of the sort, so it had for a long while been the most eminent, and had served for a pattern to the greatest part of the others in Europe. The chief magistrate, or ruler of this University, was distinguished by the name of provost, and hence we likewise hear of the provost of the University of St. Andrews.

The prelate who laboured so eminently in fixing in the city of St. Andrews a residence for the muses must doubtless be considered as one of its most conspicuous benefactors. But this was not the only great work he performed for its advantage. He was the builder of the Gair or Guard Bridge over the estuary of the Eden, a work which still exists, and the convenience of which is felt not only by the inhabitants of St. Andrews, but by all the adjacent country.

REVIEW OF THE PERIODICALS.

The 'Dublin Quarterly Journal.' Dr. Collis contributes some remarks on "Gonorrhœa and Syphilis." We shall make extracts from this paper on another occasion. He relies upon alum injections in gonorrhœa, very dilute—say half a grain to the ounce—in the acute stage, stronger at a later period. He does not believe that mercury is a specific or an antidote in any sense to syphilis. He does not, however, object to a careful administration of mercury in cases of chancre with hardened base. Dr. Edward Smith communicates a "Statistical Inquiry into the Prevalence of numerous conditions affecting the Constitution in 1,000 Phthisical Persons when in Health." It is very elaborate, and is very creditable to the industry of its author. Dr. Duncan reports "Cases of Syphilitic Insanity and Epilepsy. Dr. Henry Kennedy reports a "Case in which a Disease like Measles arose from an Unusual Cause." This affection was caused by a handful of flax-seed meal being thrown into a boy's face, inducing irritation in the mucous passages. He thinks the operation is similar to that of the fungi of wheat-straw observed in America by Dr. J. H. Salisbury, and recently reported in the 'Medical Circular.' The "Phenomena Diabetes Mellitus" orms the subject of a paper by the Rev. Samuel Haughton, and Mr. Smyly contributes a paper on the "Treatment of Stricture of the Urethra by the more Immediate Plan." Mr. Smyly has invented an instrument which effects the object by a *more* immediate plan than the immediate plan of Mr. Holt. It consists of a No. 1 catheter with an orifice at the point, and a guide which runs through the catheter, having a silver button at the end which exactly fits the orifice of the catheter. In using it, the catheter armed with the guide is pushed through the stricture into the bladder; it is then withdrawn, the guide remaining in the bladder. The dilator is then substituted for the catheter, and dilatation resorted to by the use of Mr. Holt's tubes.

The 'Lancet.' Dr. C. B. Radcliffe's lectures on the "Brain and Nervous System" are commenced in this journal. Mr. Hilton's lectures on "Pain" are continued. The second part of Dr. John Struthers' contributions to Anatomy treats of the true function of the round ligament of the hip-joint. In order to determine the true function by observation, Dr. Struthers gouges out the floor of the acetabulum, and then puts the joint through its proper motions. He says:—

"It is now seen that the ligament is directed vertically upwards in the extended position of the limb, as in standing, or as the body lies upon the table. Also that the ligament, in the greater part of its length, is rounded, soft or pulpy, and more or less twisted, except in that position which tightens it, when it assumes the form of a straight-fibred, thick belt."

He describes the condition of the ligament in various movements as follows:—

"1. *Extension.*—Ligament directed vertically upwards, and loose. Groove directed downwards and backwards from it.

"2. *Flexion.*—Carries groove forwards and ligament backwards and downwards, rendering it more loose.

"3. *Abduction.*—Brings upper attachment of ligament down towards lower, and renders it very loose.

"4. *Adduction.*—Ligament is carried up, but is not made tense; is round, twisted, pulpy, and may be pulled by the string away from the ball into an angle. It does not lie in the groove, which is directed downwards and backwards from the ligament. . . . .

"5. In *rotation inwards* the ligament is carried backwards, is nearer tight than in adduction, but is pulpy, twisted, and round, bears no strain, and is not the checking structure. Groove quite away back from ligament.

"6. In *rotation outwards.*—Ligament carried forwards, and is in much the same state as to tightness, feel, and form, as in rotation inwards, but lies nearly, though not quite, in the groove.

"7. *Adduction with rotation*, inwards or outwards.—The ligament is more nearly tight than in either rotation simply, but is soft and round, and bears no strain.

"8. *Adduction with flexion.*—Ligament not tight, and less so in the extreme than in the moderate degree of this combined movement. Groove away obliquely backward from the ligament.

"9. *Rotation inwards with flexion.*—Ligament looser than in simple rotation inwards.

"10. *Rotation outwards with flexion.*—The ligament is carried directly upwards, is flat, straight-fibred, occupies the groove, is quite tense, and is evidently in use as a checking structure."

On "Recent Typhus in Lancashire" is an article by Dr. Buchanan. As our readers know, there has been much dispute as to the actual prevalence of typhus as a consequence of the, so-called, cotton famine. The article does not prove anything in favour of epidemic influence. Dr. Stephen Ward, in his clinical observations on "Diseases of the Abdominal Viscera," discusses the subject of intestinal obstructions. With respect to treatment, he remarks:—

"Opium is, of all drugs, the one best calculated to carry out the principle of treatment enunciated by modern writers upon the subject under consideration—viz., to gain as much extension of life as possible, in order that any curative efforts of Nature may have time for their operation. While opium fulfils this indication, it also calms pain, and by relieving muscular spasm, may directly remove one cause of obstruction. It should be given frequently, and in large doses; and where there is irritability of stomach, should be placed dry on the back of the tongue. It is remarkable how well this drug, given every few hours, day after day, for two or three weeks in succession, is tolerated, and how rarely it produces any characteristic cerebral symptoms."

Every practical man will confirm this advice. Nothing could be worse than the old purgative practice.

The MEDICAL TIMES AND GAZETTE.' The "Blood of the Vertebrata by Mr. GULLIVER, is continued. The *fibrin*, its structure, viscidity, and other characteristics, forms the topic of the lecture Dr. ANDREW SMART reports two cases of "Diabetes Mellitus;" and Dr. GEORGE JOHNSON offers some suggestions for facilitating the use of the "Laryngoscope." Instead of looking through the central opening in the reflector, Dr. Johnson suggests that the reflector should be fastened over the forehead by a belt passing round the head, so that both eyes might be used without discomfort or strain. He also has introduced some modifications of Professor Czermak's method of auto-laryngoscopy. Dr. RAMSBOTHAM'S contributions to "Clinical Midwifery" are continued, and Dr. JOHN BEDDOE contributes an article on the "Public Health of the Cotton Districts." He states that "the mortality has been in an inverse ratio to the distress."

CASE OF MALIGNANT PUSTULE.

By JAMES EDMUNDS, M.D., &c.

A fine, tall, bulky man, fifty years of age, who had led an active business life, lived freely, and suffered from gout, and from symptoms which had been referred to disease of the muscular texture of the heart, was occupied on the 16th of last December in superintending the construction of a conservatory in his grounds at Hackney, and at ten p.m. he took supper, and went to bed "as well as possible."

At midnight he was seized with a rigor, and with severe pain across the lower part of the loins and through the hips. At three a.m. he found his "tongue greatly swollen," and his articulation very difficult; he became rapidly worse, and, early in the morning sent for me, but I was unable to visit him directly.

At eleven a.m. I found him in bed, with a countenance indicating considerable distress and profound toxæmia. The mouth was open, the saliva was running over the lower lip, and the tongue was thrust upwards by a remarkable swelling in the sublingual space; there was the greatest difficulty in utterance, but no huskiness of the voice; the pulse was weak, and he was very feeble when out of bed. Only the under part of the tongue was visible, but, by means of a table-spoon, I managed to see that the roof of the mouth, the palate, and the pharynx, were unchanged in appearance, as also were the lips, the cheeks, the gums, and the tongue itself. The tongue had a "dried beef" look about the tip of its upper surface, and, with the swelling beneath, looked as if it were mounted upon a small thick muffin, about as big as itself, and of the colour of the mouth. The swelling was symmetrical, and it completely filled that space within the lower jaw which is usually occupied by the tongue. The mucous covering was not obviously altered, but close inspection discovered an indistinct pallid mottling, analogous to that change of surface which precedes ordinary gangrene. Upon applying a finger the mass was not very sensitive; it was soft and yielding, as if it might contain pus infiltrated through its texture, but it was not quaggy, it did not pit, and it was utterly destitute of that brawny feel which attends ordinary carbuncular inflammation. Beneath the lower jaw there was some swelling and considerable tenderness.

I could scarcely believe that the patient had arrived at this condition in less than twelve hours; but he emphatically assured me that he "went to bed as well I was."

Ten years' active practice had not previously presented a similar case to my observation; and beyond considering it as gangrenous cellulitis, I was at a loss for a designation; and beyond the risky procedure of making a free incision beneath the tongue, I was also at a loss for any effectual treatment.

I explained the nature of the case to the patient and family, and particularly guarded the latter against infection. I directed the patient to wash out the mouth frequently with a solution of nitro-muriatic acid, and to take a full dose of carbonate of ammonia immediately; and it was arranged by telegram for Dr. B. W. Richardson to meet me in consultation at two o'clock. At this visit the patient looked worse, and the submaxillary swelling and tenderness were greater, although the mouth and the utterance were about the same, and there was neither affection of the pharynx, nor huskiness of the voice. The only clue which we could obtain as to the origin of the malady was the fact that, three and four days before, the patient had eaten some jugged hare which was "high," and that beneath the tongue a ragged tooth in the lower jaw had produced a sore, through which a putrid infection might have occurred, and near to which he remembered that some of the meat had lodged until the next day. We decided that, at all hazard, a free incision must be made into the mass, and Dr. Richardson further suggested that some solution of iodine should be inserted into the incision on pledgets of lint, so as to permeate the diseased textures and, if possible, prevent, by chemical action, any further blood poisoning. Our recommendations were at once acquiesced in, and a long bistoury was plunged by the side of the frænum linguæ downwards and backwards into the mass for an inch and a-half, when its point was turned outwards so as to emerge upon the end of the finger beneath the root of the tongue, and the knife was drawn forwards so as to cut its way out, and produce a most effectual incision. No bleeding ensued, and a corresponding incision was instantly made under the other side of the tongue. The mass did not cut like ordinary flesh, nor in the least like carbuncle, but like soft flesh, or ripe Stilton cheese; no pus exuded; and the cut surface presented a mottled pale and pinkish appearance. Pieces of lint, soaked in a solution of compound tincture of iodine diluted with three parts of water, were thrust into the opening, and were to be changed every hour; the surface of the mass and the contiguous parts were also to be frequently swabbed with the solution by means of a small sash brush. The room contained a good fire, and the windows were thrown open. Some fragments of iodine also were placed about the room to exhale into vapour, and, as Dr. Richardson thought, to produce an ozonising, and, perhaps, disinfecting effect upon the atmosphere. The patient was to take large doses of carbonate of ammonia, and champagne *ad libitum*.

At 10 p.m., Dr. Richardson and myself held another consultation. The patient's countenance was much improved, and he said he felt better. Articulation was easier, the tongue more moveable, and the incisions were discharging copiously. There was no huskiness of voice nor affection of the pharynx, and the pulse was better. We congratulated ourselves and the family upon the possibility of recovery, as, notwithstanding the wonderfully rapid advent and increase of the disease, it appeared to have made no progress during the last seven hours. The treatment was to be continued, and we were to hold another consultation at 8 a.m.

In the night, however, a cab was sent for me, and on arriving, I found that the patient had just died. I learnt that a second rigor had occurred at midnight, and that he became rapidly worse; the discharge was more profuse from the mouth, and began also to come from the nostrils; the swelling under the jaw increased enormously, and extended backwards to beneath the ears; the voice became husky and the breathing difficult; he became very restless, turned across the bed on to his back, and died at 3 a.m. The discharge was never really black (Dr. Richardson termed it sepia-coloured), and the odour, although exceedingly disagreeable, was never gangrenous. The throat swelling, which came on so rapidly after the second rigour, was examined by me just after death, and it precisely resembled, in external outline, the enlargement which accompanies the deadly forms of scarlet fever. There was, however, no rash upon the skin, and the commencement and location of the first symptoms had nothing in common with that disease. The body ran rapidly into putrefaction.

The room was disused, the linen burned, and other precautions were adopted. The patient's wife, who attended closely to him, was very prostrate and ill for a week or two afterwards, and she ascribed this to having "caught a whiff of his breath." The son, however, who applied the iodine and changed the pieces of lint, and helped the patient about in bed, is quite well, and no member of the family has since suffered in any way like the patient.

The onset of this frightful malady was marked by the midnight rigor, and at 3 a.m. appeared the difficulty of utterance. Precisely as midnight recurred there was a second rigor, and this again was followed by rapid extension of the local symptoms, and death at the recurrence of 3 o'clock. Profound toxæmia from the first stamped death upon this gentleman's countenance; and the immense scarlet-fever-like enlargement of the throat, which came on after the second rigor, only aided, by mechanical pressure upon the larynx, that vital prostration which had, as it were, already mixed up death with life.

Although I have classed this with cases of malignant pustule, yet it materially differs therefrom—while points of resemblance and analogy are presented by many other diseases—*e.g.*, scarlatina maligna, some rare cases of typhus, the plague, and cases of animal or venomous poisoning. I doubt not that many readers would like to have a paper from Dr. Richardson upon this case. I have not myself had time to look up the literature of the subject; but I have thought it well to at once put upon record as clear an account of the facts as I am able, and just to summarise, as remarkable points, the supposed origin of the malady, the deadly rapidity of its course (twenty-seven hours), the exact diurnal recurrence of the rigor and of the local exacerbation, the utter impotence of remedial means, and the impunity which attended the incisions. Although not unaccustomed to use the knife, I must say that, remembering the frequency with which free incisions in carbuncular cases are followed by troublesome bleeding, I did look with much anxiety upon the risk of cutting deeply into the sublingual space; but, in future, I shall have no hesitation in freely opening such a mass, inasmuch as in this case the incision was only attended with trifling pain, and was followed by no bleeding, and I am inclined to ascribe the temporary arrest of the symptoms to the use of the bistoury and the solution of iodine.

MEDICAL SOCIETIES.

EPIDEMIOLOGICAL SOCIETY.

MONDAY DECEMBER 1, 1862.

DR. MURCHISON in the Chair.

Mr. J. N. RADCLIFFE read a detailed report on the

STATE OF EPIDEMIC DISEASE IN GREAT BRITAIN IN 1861-62.

The report referred to the twelve months ending September 30, 1862. The following is a recapitulation of some of the principal facts recorded:—The health *status* of the English population, as estimated from the unusually low rate of mortality throughout the year, was generally good, notwithstanding dearness of provisions and an excessive amount of pauperism. The health *status* of the Scottish population was markedly below the average, as shown by the large amount of sickness prevalent in the last quarter of 1861, and the high rate of mortality since the commencement of 1862. The average death rate of Scotland, it is well to remark, is below that of England. Thus, during the six years 1855-60, the annual proportion of deaths in England was 219 per 10,000 population; during the same period in Scotland the proportion was 208. The high range of temperature in the winter months, and low range during the summer in England exercised a favourable influence over the health, notwithstanding much wet and variability of weather. In Scotland similar conditions of temperature and weather existed, but to an exaggerated extent; and the great changes which were experienced, and especially the undue humidity of the atmosphere, were apparently the fostering causes of the influenza and throat affections, which appear to have been more common there than in England. The epidemic diseases most prevalent in England were continued fever, scarlatina, measles, diphtheria, whooping-cough, and small-pox. In Scotland the same diseases with the exception of small-pox; also, and more particularly, sore-throat, often assuming a diphtheritic character, and accompanied by diphtheria, played the chief part in the epidemiology of the twelve months. In both parts of the kingdom continued fever prevailed most commonly in the autumn quarter of 1861; and in England the affection would appear to have been more general in the northern than in the southern portion of the kingdom. In both countries scarlatina was widely prevalent in the northern districts in the last quarter of 1861; but the disease became more active in the southern district in the third quarter of 1862. Measles prevailed extensively, and in some instances very fatally, in the winter quarter in England. In Scotland the disease appears to have been most prevalent in the spring and summer quarters. Diphtheria was, in England, principally fatal in the autumn quarter, but the disease prevailed, more or less, in every registration district during the year. In Scotland, the disease, together with sore throat, appears to have been epidemic throughout the year. Whooping-cough was widely prevalent in England during the winter quarter; in Scotland during the winter and spring quarters. Influenza was epidemic in Scotland in the autumn and winter quarters. Finally small-pox broke out in many districts of England, but more particularly in the eastern, south-western, and northern counties, and in Yorkshire. In no instance did an outbreak of any of the different diseases referred to as occurring in England, assume what may be termed "general proportions." The outbreaks were essentially local; but the dispersion of the various maladies, or of their centres of manifestation, over the kingdom,—the cropping out of exaggeration of these diseases in different localities, and the effects they apparently exercise upon the sickness and mortality of certain districts, without heightening the death-rate of the whole kingdom,—present a study of great interest. From this study it is reasonable to conclude that, in dealing with these local outbreaks of epidemic disease in ordinary periods, the best chance is afforded of warding off the widespread and more deadly outbreaks of extraordinary periods. The detailed mortuary return for Scotland extend, as yet, only to the year 1857; but the returns for England are brought down to 1860. From the latter, then, may be obtained information as to the status of the several epidemic diseases most prevalent in the twelve months discussed, immediately prior to that period. Since 1857 the mortality from continued fever has slowly declined; in that year the deaths from this cause amounted to 19,016; in 1860 they were 13,012. In 1855 the mortality from scarlatina was 17,314; in 1856 and 1857, the number of deaths from this disease fell considerably, the mortality in the latter year being 12,646. The year following the mortality increased enormously, becoming well nigh doubled, the number of deaths from the malady being 23,711. In 1859 the number fell to 19,310; and in 1860 it became as low as 9,305. Prior to 1855 deaths from scarlatina, cynanche maligna, and diphtheria were not separated in the Registrar-General's report. Whether the detailed reports of the Registrar-General will show an increase of the mortality in the whole of England from scarlatina, during 1861 and 1862, as great as occurred in London cannot be predicted. It is certain, however, that the activity of scarlet fever was great in several parts of the kingdom. The deaths from cynanche maligna in 1855 amounted to 199; in 1858 to 1770; in 1860 the mortality from the disease had decreased to 376. The mortality from measles was largely augmented in 1858, and there was a steady increase in the number of deaths from the disease in the two subsequent years. The deaths registered from diphtheria in 1855 numbered 186; in 1859, 9,587; in 1860, the mortality from this disease had decreased to 5,212. The mortality from whooping-cough, in 1860, was the lowest since 1852; and the mortality from small-pox had declined from 6,460 in 1858, to 2,749 in 1860. The reduced rate of mortality throughout England which occurred in 1860, was chiefly due, Dr. Farr states, to the decline of the number of deaths from scarlatina, diphtheria, and diarrhœa. A decrease also in the mortality from small-pox, erysipelas, and cholera contributed to the favourable results. The most noteworthy fact in the epidemiology of the metropolis during the twelve months was the remarkable outbreak of typhus. In 1858, 1859, and 1860, typhus had become so rare a disease in London, that the question of converting the Fever Hospital to other uses was seriously entertained. In 1861 typhus again became epidemic; and since January 1862, the number of admissions to the Fever Hospital for typhus had exceeded that at any period of the history of the Hospital. Dr. Murchison attributes this epidemic to the artificial scarcity produced by the system of strikes, which had for some time previously disorganised the labour market, and the condensation of population caused by the arrival of labourers in the metropolis from the country in search of work. The mortality from continued fever in London, doubtless, owing to the outbreaks of typhus was in excess of that of any like period since 1848. Indeed, the total mortality of the winter, spring, and summer quarters of 1862 (2,839) from this disease was alone in excess of that of any year since 1848. The true source of this excess of mortality would not have been rightly understood except by the careful nosological and etiological distinction of the forms of continued fever insisted upon by Dr. Murchison. The mortality from scarlatina was but a little below that from continued fever during the twelve months,—the total mortality from the former malady being 3,437; from the latter, 3,463. Next in order of mortality was whooping-cough. Continued fever, scarlatina, and whooping-cough were the chief epidemic affections of the period under observation in the metropolis. The mortality from continued fever increased to a maximum in the second quarter of 1862. The mortality from scarlatina was at its maximum in the last quarter of 1861, then decreased throughout the two succeeding quarters, but largely increased again in the summer quarter of 1862. The mortality from whooping-cough was greatest in the first quarter of 1862. Diptheria was still largely fatal, having occasioned 625 deaths. Mr. Radcliffe detailed the history of the outbreak of typhus at Preston, in Lancashire, to the date of reading the report: he dwelt also at some length on epizootic diseases, brought together the chief accessible information on epiphytics, and terminated his report by a brief analysis of the principal contributions to epidemiological literature in Great Britain during 1861-62. The chief diseases prevalent among domesticated animals were epizootic pleuro-pneumonia, and the visicular disease of the mouth and feet. Scores of sheep suffered and were lost from *filario* in the bronchial tubes and abomasum; there were several local but very fatal outbreaks of influenza among horses; and an outbreak of *variola ovina* occurred in Wiltshire. The history of the latter outbreak, which occasioned great alarm at the time, will be imperfect until the official reports are published. There was no special disease among plants during the year.

DR. MURCHISON complimented the author on the valuable report which had been read to the Society, and observed that a continuation of such reports would be of great service to future writers on epidemics. With regard to continued fevers, he pointed out the necessity of distinguishing the different forms before drawing conclusions as to their causes. The terms "typhus" and "continued fever" were commonly employed to designate different idiopathic fevers arising from totally different causes, as well as many febrile affections symptomatic of Local inflammation, which might put on typhoid symptoms. Consequently, all official returns from which these sources of errors were not excluded, were of no value for drawing any inferences as to the probable causes of an increased or diminished prevalence of the diseases in question. He proceeded to allude to certain instances where great misunderstanding had arisen from confounding the different forms of continued fever. Twenty years ago, a memorable discussion took place between the late Dr. Alison, of Edinburgh, and the London Poor-Law Commissioners respecting the causes of fever, the latter maintaining that it was often due to putrid emanations from decaying organic matter, and was independent of destitution, whereas Dr. Alison asserted that its main cause was destitution, and that putrid emanations had nothing to do with it. Both observers were right but they referred to different diseases. Dr. Alison's observations were made upon typhus and relapsing fever; those of the London observers on enteric fever. Again, the year 1858, in which the filthy condition of the Thames attracted so much notice, had

often been referred to, as proving that enteric fever was independent of putrid emanations because fever was less prevalent in London than it had been for many years before. Dr. Murchison did not believe that the condition of the Thames in that year was sufficient to give rise to enteric fever; but he insisted that there was no diminution in the prevalance of enteric fever in London in 1858; the diminished prevalance of fever was due to the almost complete disappearance of typhus, which was acknowledged to be independent of putrid emanations. Mr. Murchison then proceeded to allude to the present condition of Lancashire in reference to the appearance of fever. Typhus had broken out at Preston early in October, and from the reports published in the 'Times,' as well as from private information, he believed it to be due to overcrowding, consequent on destitution. The unparalleled relief which had been afforded to the distressed operatives, and the great ability with which this relief had been distributed, had alone prevented the outbreak of an epidemic like that which devastated Ireland in 1847, after the failure of the potato crop. It had been repeatedly stated that throughout Lancashire there had not as yet been a single death from starvation. In London, on the other hand the daily papers reported numerous deaths from starvation, and the poor population had been condensed by the arrival of numerous labourers from the country in search of employment. Consequently, London had been suffering, from the commencement of 1862, from an epidemic of typhus greater than any which had visited it for many years. Since January 1, nearly 2000 cases of true typhus had been admitted into the London Fever Hospital, a far larger number than in any previous year of its existence; and there had also been numerous cases in the other metropolitan Hospitals.

Dr. Lawson, Inspector-General of Army Hospitals, directed attention to the probable existence of a certain epidemic influence which, for want of a better term, he designated *egidemic force*. His own observations systematically conducted in several parts of the globe, had shown that, the ordinary local predisposing causes of epidemics being present, epidemic outbreaks occurred with curious regularity. This periodical recurrence indicated, he thought, a law of epidemic action independent of, although acting concurrently with the recognised fostering causes of epidemics, which was deserving of wide and attentive examination. The epidemic force, as he characterised the phenomenon, became, at times, pardemic. He suggested the propriety of keeping this probable epidemic influence in view in examining the mortality records of this kingdom. They would doubtless, throw much light on the subject.

Dr. Richardson remarked that he had been much struck, whilst listening to Mr. Radcliffe's report, with the tacit assumption by the author of the spontaneous developement of certain epidemic contagious affections. He thought that the question of the spontaneous developement of contagious maladies of an epidemic character was open to much doubt. He believed that it was a question which might, with much advantage, be submitted to discussion by the society. He would, therefore, with the permission of the members, take an early opportunity of asking the society to express an opinion upon the debated point.—'Medical Times and Gazette.'

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS, February 6.

THE SEWAGE OF TOWNS.

Dr. Brady gave notice that he would on an early day call the attention of the House to the two Reports of the Royal Commission appointed to inquire into the best mode of distributing sewage of towns and of applying it to beneficial and profitable uses.

Monday, February 9.

REGISTRATION OF BIRTHS AND DEATHS IN IRELAND.

Sir R. Peel moved for leave to bring in a Bill for the Registration of Births and Deaths in Ireland. The measure, he observed, in no way affected political considerations. Great losses were the result of the want of a registration of births and deaths in Ireland to poor persons dying intestate, and therefore it was a matter of the first importance to pass a measure that would obviate the evil. In his Bill of last year he had proposed that the constabulary should be the agents of the registration; but the general feeling of the House was not favourable to the employment of the constabulary. In the present Bill, therefore, he proposed to adopt the Poor-law machinery; that the medical officers of the unions should be the registrars, and the clerks of the unions the superintendent registrars; that the registrars should be paid out of the local poor rates, and the fees of the superintendent registrars out of the Consolidated Fund. He proposed that registration should be compulsory.

Lord Naas thought that the employment of doctors as registrars was a mistake, considering them most unsuited to the performance of the duties of that office. It would be better, in his opinion, to allow the Board of Guardians to appoint the constabulary or other persons. He regretted that the registration of marriages had not formed part of the Bill.

Dr. Brady defended the employment of medical officers as registrars and approved the Bill.

Mr. Maguire likewise agreed that the doctors were the right men.

Mr. M'Mahon urged Sir R. Peel to deal with the registration of marriages.

Mr. George thought there would be no difficulty in legislating for the registration of marriages in Ireland. He objected to some of the details of the Bill.

Sir G. Bowyer considered that Sir R. Peel had acted rightly in not including marriages in his Bill, and advised him to interfere as little as possible with the law of marriage in Ireland.

Sir R. Peel briefly replied and leave was given to bring in the Bill.

INFECTIOUS DISEASES.

Dr. Brady asked the Secretary for the Home Department whether his attention had been directed to the evils resulting from persons labouring under infectious diseases being carried to hospitals in public conveyances; and, if so, whether he proposed to introduce any measure this session with a view to remedy a nuisance so prejudicial to public health.

Sir G. Grey replied that he had observed a public correspondence on the subject and would be glad to consider any deliberate proposition.

Births, Marriages, and Deaths.

BIRTHS.

Craven.—On the 7th inst., at Albion street, Hull, the wife of Robert Martin Craven, M.R.C.S.E., of a daughter.

Fleming.—On the 4th inst., at Holbrook, Suffolk, the wife of Albert Fleming, M.D., of a son.

Marriott.—On the 6th inst., at Westbourne place, Leamington, the wife of Charles W. Marriott, M.R.C.S.E., of a daughter.

Moore.—On the 8th inst., at Bessborough street, the wife of A. W. Moore, M.R.C.S.E., of a daughter.

Miller.—On the 3rd inst., at Pump street, Derry, the wife of William Miller, M.B., of a daughter.

Ogle.—On the 5th inst. at Stuart terrace, Green hill, Derby, the wife of William Ogle, M.D., of a son.

Rowland.—On the 5th inst., at Derby road, Bootle, Liverpool, the wife of H. M. Rowland, L.R.C.P.L., of a daughter.

Thornton.—On the 6th inst., at Margate, the wife of William H. Thornton, M.R.C.S.E., of a daughter.

Westmacott.—On the 6th inst., at St. Mary's terrace, Maida hill, the wife of Dr. John Guise Westmacott, of a daughter.

Wycherley.—On the 9th inst., at Charlotte quay, Cork, the wife of G. J. Wycherley, M.D., of a son.

MARRIAGES.

Gilchrist—M'Donald.—On the 3rd inst., at Woodville cottage, Stirling, R. M. Gilchrist, M.D., Assist. Staff Surgeon Army, to Catherine, second daughter of A. M'Donald, Esq.

Little—O'Donnell.—On the 3rd inst., at Cahir, Peter C. Little, L.R.C.S I., of Dublin, to Bridget Teresa, daughter of Pierce O'Donnell, Esq., of Knocka hill, Cahir.

DEATHS.

Blackman.—On the 4th inst., at Whitstable, Matthew Blackman, L.S.A., youngest surviving son of W. Blackman, Esq., of Chapel place, Ramsgate.

Doak.—On the 5th inst., at St. Giles street, Oxford, W. Doak, Surgeon, aged 68.

Humphreys.—On the 2nd inst., W. H. J. Humphreys, M.B., only son of G. Humphreys, M.D., of Harcourt street, Dublin.

Little.—On the 9th inst, J. Woodward Little, Student of Medicine, of Hyde, Cheshire, aged 19.

White.—On the 5th inst., at Grove place, Brompton, P. White, late Surgeon 72nd regiment, aged 82.

MEDICAL NEWS.

Royal College of Physicians of London.—The following gentlemen passed the first part of the professional examination for the License of the College on February 9, 1863:—Sidney Hyde, King's College; John Morgan Bryan, St. Mary's Hospital; Edwin Burrell, Guy's Hospital; Alexander James Low, St. Bartholomew's Hospital; Washington Lovegrove, 34 Dowgate hill; George Edward Pyle, Middlesex Hospital; Chas. Edward Squarey, University College.

Royal Colleges of Physicians and Surgeons, Edinburgh.—The following gentlemen passed their first professional Examinations for the Double Qualification during the February sittings of the Examiners:—William Wright Milligan, Dumfriesshire, and Miles Walker, Hexham.

The following gentlemen passed their final examinations, and were admitted L.R.C.P. Edin., and L.R.C.S. Edin.:—William Bentley Ford, Waterford; Daniel O'Sullivan, Cork; Forbes Dick, Edinburgh; Thomas Cairns, Fife; and Andrew Ross Miller, Edinburgh.

Royal College of Surgeons of England.—The following Members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board on the 11th inst.:—Richard Luscombe Elliott, Kingsbridge, Devon, diploma of membership dated May 7, 1862; John Cook, M.D., St. Andrew's, Fitzroy place, Kentish town, November 5, 1859; William Taylor Morgan, M.D. Edinburgh, 'Dreadnought' Hospital Ship, Deptford, January 14, 1859; Thomas Sheldon, Stratford-on-Avon, December 5, 1859; George Granville Bothwell, Rathmullan, County Donegal, July 31, 1061; Edward Charles Anderson, Birmingham, November 18, 1862; Matthew Bloxam, Duke street, Grosvenor square, November 20, 1862; Thos. Baker, Birmingham, November, 1862; Samuel Lloyd Smithwick, near Birmingham, Nov. 15, 1860; William Pattinger Hollinger, Burton crescent, March 8, 1861; Henry Charles Wine, Bristol, June 4, 1861; Stephen Winter Fisher, Bristol, August 1, 1861; William Henry Emmett, Bolton-le-Moors, Lancashire, January 30, 1862; John Holt, Bolton, Lancashire, May 8, 1862; Samuel Smith, Crosland Richards, Bedford square, July 29, 1862; and Albert McDiarmid, Rochester, June 10, 1862.

Noble Act of Charity.—Mr. A. Ryland announced at the weekly meeting of the Governors of the Birmingham General Hospital, the following extraordinary act of munificence on the part of a lady, viz., to provide a large house for a convalescent institution in connexion with the Hospital, and to defray all the expenses of an efficient staff to the amount not exceeding 230*l.* per annum. It is to be regretted that the name of this gentlewoman is withheld, as she prefers to do good by stealth.

Scholarship in Natural Science at Sydney-Sussex College, Cambridge.—This college has just issued a notice that two scholarships, of the value of 40*l.* per annum each, will be given this year for Natural Science; the examination to commence October 13; the subjects being electricity, chemistry, geology, and anatomy (humaman osteology and general anatomy). The scholarships are perfectly open. The successful candidates will be required to enter at the college. Further information may be obtained by application to the Rev. J. C. W. Ellis, tutor of the college. Other scholarships, ranging, in value from 32*l.* to 80*l.* per annum, for Classics and Mathematics, are to be competed for at the same time.

Population of Berlin.—From the census taken December, 1861, it results that this amounted to 524,945 civilians (261,385 males, 263,560 females), and 22,345 military—total, 547,290. The *ages* were—under 16,323 per 1000; from 16 to 60, 628 per 1000; and above 60, 48 per 1000. The unmarried amounted to 179,767 males, and 160,541 females (together 648 per 1000); the married to 78,698 males, 79,577 females (301 per 1000); the widowed to 2906 males and 22,521 females (48 per 1000); the divorced to 14 males and 921 females (1 per 1000). The number of families amounted to 107,916. The Protestants numbered 480,407; the Catholics 25,121; and the Jews 18,847. There were 283 (172 males, 111 females) deaf and dumb, and 191 (110 males and 81 females) blind. The entire population of Prussia amounted to 18,491,220; the military constituting 268,372 of this.

Enumeration of Medical Professors and Students in Germany in 1862.—Vienna, 28 professors and 579 students; Prague, 22 professors, number of students not returned; Berlin, 21 professors, 323 students; Leipzig, 20 professors, 230 students; Munich, 18 professors, 244 students; Tübingen, 14 professors, 105 students; Göttingen, 13 professors, 166 students; Bonn, 12 professors, 119 students; Heidelberg, 11 professors, 96 students; Königsberg, 10 professors, 104 students; Jena, 10 professors, 51 students; 10 Greisswold, 10 professors, 167 students; Freiburg, 10 professors, 44 students; Giessen, 9 professors, 152 students; Würzburg, 14 professors, 289 students; Erlangen, 8 professors, 83 students; Halle, 7 professors, 45 students; Marburg, 8 professors, 61 students; Rostock, 7 professors, 32 students, Breslau, 6 professors, 119 students; Kiel, 6 professors, 38 students. Total, 21 universities, having 264 Medical professors (181 of these being ordinary professors, and 83 extraordinary professors), and 3047 Medical students; those of Prague not being enumerated.—'Medical Times and Gazette.'

Hospital for Sick Children.—At the annual court of this hospital, held on Tuesday last, it was stated in the report that Her Majesty, during her stay in Germany, was most graciously pleased to direct that a large selection of toys should be sent over to the children, thus testifying in the kindest manner her sympathy with some of the most helpless and interesting of her subjects.

Appointments.—John Constable, M.D., Univ. Glasg., and C.M. Univ. Glasg., has been appointed Parochial Medical officer for Leuchars, Fifeshire, *vice* Robert T. Scott, M.D., deceased.—J. Fraser, M.D., has been appointed a Director of the Glasgow Lock Hospital.—R. G., Freeman, M.D., has been appointed Surgeon for the District of Greenwich, Royal Kent Dispensary.—Dr. William Henry Fuller has been elected President and Treasurer of the Harveian Society.—William Gibney, M.D., has been appointed Vice-President of the Cheltenham General Hospital and Dispensary.—P Kavanagh, M.D., has been appointed Surgeon for the District of Deptford, Royal Kent Dispensary.—Dr. Neil M'Greevy, K.Q.C.P.I., has been elected Resident Apothecary to the Workhouse of Lurgan Union, County Armagh.—James Oldham, M.R.C.S. Eng., has been appointed Consulting Surgeon to the Brighton and Hove Lying-in Institution.—Walter Rivington, M.R.C.S. Eng., has been appointed Resident Medical Officer to the Tower Hamlets Dispensary.—John Savery, M.D., has become Surgeon-Extraordinary to the East Sussex, Hastings, and St. Leonard's Infirmary.—Thomas Arthur Stone, F.R.C.S. Eng., has been elected President of the Society for the Relief of Widows and Orphans of Medical Men.—J. Gilmont Wilson, M.D., has been appointed a Director of the Glasgow Lock Hospital.—Robert Wollaston M.R.C.P. Lond, has been elected Physician to the Stafford County Infirmary, also Visiting Physician to the Coton-hill Lunatic Institution, Stafford.

APPOINTMENTS FOR THE WEEK.

Wednesday, February 18.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.

Thursday, February 19.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m. Prof. Frankland, "On Chemical Affinity;" National Hospital for the Paralysed and Epileptic, 4 p.m.—Dr. Brown-Séquard, "On the Diagnosis and Treatment of the Various Forms of Paralysis and Epilepsy;" Royal College of Surgeons of England, 4 p.m.—Prof. Huxley, "On the Classification and Characters of the Principal Groups of the Animal Kingdom;" Harveian Society, 8 p.m.—Mr. H. W. Lobb, "On the Uses and Value of Electricity in General Practice, Practically Considered."

Friday, February 20.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Physicians, 5 p.m.—Gulstonian Lectures:—Dr. Pavy, "On the Amyloid (so-called) and Fatty Degenerations;" Royal Institution, 8 p.m.—Rev. G. Williams, "On Recent Discoveries at Jerusalem;" Western Medical and Surgical Society of London, 8 p.m.—Dr. Anstie, "On the Therapeutical Value of Cod-Liver Oil in Convulsive Diseases."

Saturday, February 21.

Operations at St. Thomas a Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Max Muller, "On the Science of Language;" Royal College of Surgeons of England, 4 p.m.—Prof. Huxley, "On the Classification and Characters of the Principal Groupa of the Animal Kingdom;" Metropolitan Association of Medical Officers of Health, 7½ p.m.

Monday, February 23.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.; Medical Society of London, 8½ p.m.

Tuesday, February 24.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.; Royal Institution, 3 p.m.; Royal College of Surgeons of England, 4 p.m.—Prof. Huxley, "On the Skeleton of a Glyptodon;" Ethnological Society, 8 p.m.; Pathological Society, 8 p.m.

NOTICES TO CORRESPONDENTS.

Dr. H. D.—1st. No.—2nd. Dr. Richardson's book on the Coagulation of the Blood is published by Mr. Churchill.

Juvenis.—The examination suffices; being in accordance with the regulations of the College.

An Assistant.—The question is not so easy as our correspondent thinks. Many surgeons are very ill-requited, and really cannot afford to pay "fifty pounds a-year, and board and lodging." With such a salary an assistant would be often much more at ease than his principal. There are scores of assistants who would be very sorry to change places with scores of principals, who after they have met all their expenses, would gladly look at a five-pound note. As to a "contract" "an Assistant" could not have entered into it, had he not thought it his interest at the time to do so; he must, therefore abide by it. There are many grievances that are insuperable, and this is one.

Mr. W. H. is thanked for his note. It shall be attended to.

M. D.—It is doubtful whether the certificate of the Dublin Lying-In Hospital would be received. It would depend upon the qualifications required by the Governors.

A Subscriber describes a case of "Spina Bifida" in an infant, and would like to be informed of the best method of treatment, if any be proper. What is the experience of our readers?

Mr. Samuel E.—The report has come to hand.

Chirurgus (Ipswich).—1st. The Circulars shall be forwarded.—2nd. No.

L.R.C.P. Edin.—Not subsequently to the first year.

Mr. West is thanked.

Dr. Phillips.—Received.

Mr. Harvey.—We are obliged by the enclosure.

Dr. J. B.—Will our correspondent oblige us by forwarding a statement of the facts?

*** The extract from the "West Surrey Times," on the skeletons discovered near Guildford, has been received.

SCIENTIFIC MISCELLANEA.

Substances Incompatible with the Solution of Sesqui-chloride of Iron.—The benefits derivable from the internal administration of sesqui-chloride of iron are well-known; the only form in which the French pharmacopœia directs this remedial agent to be prepared is in the shape of a solution at 30 degs. (Areom), which contains three equivalents of chlorine, and two of iron. This solution is the basis of all formulas in the drawing up of which the practitioner is much restricted, as may be seen from the following passages of a communication forwarded by Mr. Gury to the Society of Medical Science of La Moselle:—

"It is absolutely necessary," says this learned chemist, "to avoid any mixture of sesqui-chloride of iron with astringent compounds containing tannin, such as preparations of ratanhy, cinchona, or catechu; the result would be the formation of ink of varying darkness. The same remark applies to decoctions of walnut-leaves, or oak-bark. Gum is equally incompatible with sesqui-chloride of iron. When the latter substance is mixed with a syrup of gum, or gum mixture, a reaction takes place, which the practitioner should be aware of. If the amount of sesqui-chloride in the mixture be very small, the fluid remains translucid; when the dose of the salt of iron is increased the mixture becomes thick and turbid, and regains its transparency on the addition of a further quantity of sesqui-chloride. Thus a mixture, containing one ounce syrup of gum and two ounces of water, remains clear if five or seven drops only of the liquid sesqui-chloride be added; ten or fifteen drops cause a cloudy appearance, and in the course of a few hours one-half of the mixture is converted into a caseous paste; and a further addition of five drops dissolves the precipitate and restores transparency."

Mr. Frémy's researches on the chemical constitution of gum fully account for these changes, which are also induced by the mucilage contained in the syrups of althæa, of comfry, and of asparagus. This mucilage must also, therefore, be proscribed; it adds nothing to the hæmostatic power of the sesqui-chloride, which is also incompatible with albumen.

Common syrup is, of all excipients, that which agrees best with sesqui-chloride of iron, and is most acceptable to the stomach. We must observe, however, that after a short time the composition of the mixture is liable to alteration, a fact of which the change of colour increased under the influence of solar light affords abundant proof. The sesqui-chloride is reduced to the condition of proto-chloride, and the cane-sugar is transmuted into grape-sugar. The hæmostatic properties of this compound cannot, therefore, be relied upon when it has not been recently prepared; it should be rejected as worthless when the saffron colour begins to fade, and an extemporaneous preparation is always preferable. In Mr. Gury's opinion, distilled waters sweetened with common syrup for internal use, and for outward application, plain distilled water are the most trustworthy excipients of sesqui-chloride of iron, and are far more efficient than the various compounds recommended by specialists.

Utility of the Water-bed for the Cure of Bed-sores (*a*).—The gravity of the symptoms occasioned by bed-sores in cases of typhoid fever, affections of the spine, and in all the diseases which compel the patient to lie for a long time in the same attitude, has for many years been the object of much anxious consideration. Among the various remedies which have been recommended, we may mention the air-cushion, but it is compressible, and yields to the weight of the body, the air is forced into the sides of the appliance, and the injured part does not receive the elastic support intended. On the contrary, if the cushion is thoroughly distended, the subject lies most uncomfortably on the surface of a sort of balloon.

It is not so with the water-bed constructed by M. Galanta on Dr. Demarquay's instructions.

This mattress consists of two layers of vulcanised India-rubber, joined to each other, and presenting a length of two feet eight inches, by a width of twenty-eight inches. It may be filled with cold or warm water, at the will of the physician; and when distended, acquires a thickness of four inches. It can receive about five gallons of fluid, and weighs about 58 lbs. One of the sides is widely perforated, in order to admit of rapid filling, and the aperture is closed with two brass plates and a screw. One of the angles is, moreover, supplied with a long India-rubber tube, for the evacuation at will of the contents: a cock regulates the escape of the liquid. Both sides are quilted, in order to prevent the mattress from assuming a spherical form.

For the use of subjects who soil their bed, Mr. Galante has constructed a mattress with a circular aperture of four inches in diameter, placed in the centre, through which the excretions escape, and are thus prevented from causing irritation of the integument.

The mattress, when nearly filled with water, and covered with a sheet, forms a soft and comfortable bed. At each movement of the patient, the water runs to the opposite side, and assists his efforts. The body, moreover, loses an amount of weight equivalent to the volume of liquid displaced, and greater facility is thus imparted to every motion. This apparatus obviates the formation of bed-sores, and all redness of the skin over the sacrum promptly disappears. Wounds of the integument, on the back, the trochanter, the ischia, also heal rapidly.

We may adduce, in support of the foregoing remarks, the case of an old man, aged eighty, suffering from fracture of the neck of the femur, and that of a patient affected with dislocation of the sixth cervical vertebra. Thanks to the water-bed, both these men were rescued from the inevitably fatal consequences, which must have followed the formation of bed-sores.

We should not omit, in concluding these remarks, to notice the benefits which Mr. Démarquay has derived from this appliance, in allaying the excruciating pain felt in the heel in cases of fracture of the leg. The wounded limb is placed on the water-bed, and, as the surgeon had foreseen, the mere substitution of this contrivance for the common oat-husk cushion, immediately causes in every instance a remission of the pain.

Utility of the Conductor-Bougie for the purpose of Changing the Catheter in Cases of False Passage.—We have had a recent opportunity of noticing the difficulty of catheterism in cases in which, after retention of urine caused by disease of the prostate gland, or stricture of the urethra, a catheter has been so unskilfully introduced as to create a false passage. A more expert surgeon is then called in, and, perhaps, succeeds, after considerable difficulty, in inserting a bougie, which, after a few days, he vainly endeavours to replace by another, the instrument penetrates into the false passages, causes hæmorrhage, and the attempt is either entirely abortive or succeeds only after long and trying efforts. In the case we allude to, the same difficulty recurred at each operation; and in spite of his well-known dexterity, the eminent surgeon, who had undertaken the care of the patient, proceeded only with fear and trembling to change the catheter.

One of the safest methods of overcoming the difficulty is the use of the late Professor Amussat's *conductor-bougie*, which consists in a very slender gum-elastic tube, at one extremity of which a cock may be screwed on, for the purpose of preventing at will the escape of liquids injected into the bladder. The instrument contains a rod, which can be affixed to the extremity in place of the cock, and double the length of the bougie. The appliance thus forms a conductor, over which an India-rubber catheter may be guided into the bladder, and closely resembles the contrivance since described by Mr. T. Wakley under the denomination of the "railroad catheter." When the operator is desirous of changing the catheter, he merely passes through it the conductor into the bladder and withdraws the former. The new catheter is then inserted over the conductor. Doubtless, surgeons who have entire confidence in their dexterity may disdain this method; but in the hands of operators of more modest pretensions it will be found extremely serviceable.

(*a*) We have ourselves had an opportunity of judging in Mr. Démarquay's wards of the advantages of the water-bed, but the present remarks are communicated by Dr. Parmentier.—The Editor.

PRESCRIPTIONS AND FORMULAS.

Prescriptions of Prof. Graves for Influenza. — Influenza being at present unusually prevalent in Paris and in the Departments, we deem it useful to point out several remedies resorted to by Graves in this complaint.

After prescribing repose in bed, the abstraction of a few ounces of blood, laxatives and diaphoretics, the eminent Dublin practitioner was in the habit of exhibiting opiates on the second or third day. Mr. Jaccoud's translation of his lectures (*a*) informs us that in these cases the following mixture was generally found highly beneficial :—

℞ Emuls. Amygdal., ℥vij. ;
Potassæ nitratis, ʒi. ;
Liq. morphiæ muriatis., ʒss. and more.

Dose: one teaspoonful several times daily.

The morphia possesses almost all the advantages and none of the drawbacks of opium, and restores calm and sleep, a valuable result in a disease marked by excessive nervous irritability.

In the more advanced stages of the affection, Graves had recourse to Polygala-Senega, and Columbo. He also derived much benefit from fomentations over the trachea and upper part of the chest, with a sponge impregnated with very warm water.

Treatment of Chronic Eczema. — The *Revue de Thérapeutique* and the *Répertoire de Pharmacie* inform us that Mr. Peters has succeeded in promptly removing chronic eczema by a general and local medication, of which the following are the elements :—

The ensuing saline aperient is in the first place prescribed :—

℞ Sodii. chloridi., ℈iij. ;
Magnesii. chloridi., ℈ij. ;
Sodæ sulphatis., ʒv ;
Magnesiæ sulphatis., ʒviij. ;
M. Aquæ destill., Oij. ;

The dose is two tumblerfulls in the morning, fasting, and subsequently one tumbler only. Two or three loose motions are thus induced, and the medicine may be repeated once or twice according to the severity of the case.

Locally, all liniments or greasy applications should be discarded as injurious, and lotions performed thrice daily on the seat of the eruption with the following preparation, which at first should be diluted with twice its weight of water, and afterwards used gradually stronger :

℞ Aq. Laurocerasi, ℥j. ;
Aquæ., ʒvij. ;
Hydrarg. bichloridi, gr. ij. ;
Alcohol, ʒij. ;

A Mild Vegetable Aperient. — Mr. Victor Masson, the editor, has recently exposed for sale a paper which its title recommends to the attention of the Profession. It is an inquiry into the *symptoms and treatment of typhoid fever in the agricultural districts (b)*, by Mr. P. Marin, an officier de santè at Mollans (Drôme). The memoir contains many sagacious and practical observations, and we borrow from the author the formula of a fluid vegetable extract, which he has found beneficial in the low typhoid states of the system, unaccompanied by fever, designated by Mr. Piorry as *septic entero-colitis*, and by ancient writers *putrid condition*. This old-fashioned preparation is compounded as follows :—

℞ Wild endive
Dandelion
White beet
Watercress
Lettuce
} of each, ℥j.

Chop the herbs as fine as possible, and extract, by pressure, two ounces of juice, add—

Olive oil., ℥j. ¼ ;
Syrup of lemons., ℥j

To be swallowed in one dose.

"The remedy," says Mr. Marin, "is always taken without reluctance, and acts powerfully on the bowels, causes no colics, and is extremely inexpensive.

Treatment of Puerperal Peritonitis.—Mr. Muaret has more than once used with remarkable success in puerperal peritonitis the following course of treatment :—

In the incipient stage of the disease, he has recourse to local blood-letting, and, after an interval of a few hours, prescribes embrocations with essence of turpentine. A table-spoonful of the mixture here reproduced is, moreover, exhibited every two hours :—

℞ Ess. Terebinth., ℥j ;
Vitelli Ovi., No. 1 ;
Syrupi, ℥ij ; M.

The doses are gradually decreased in frequency as the inflammatory action subsides, and the convalescence must be carefully watched, in order to avert the perils of a relapse. This method, which closely resembles that recommended by Professors Graves and Trousseau, is the simplest and least expensive of all those which have been hitherto proposed. It differs, however, from Mr. Trousseau's plan of treatment in one important respect: Mr. Trousseau does not resort to blood-letting of any kind, but endeavours to subdue the inflammation of the serous membrane by the administration of small and frequently-repeated doses of calomel.

(*a*) *Professor Graves' Clinical Lectures*, with an introduction by Prof. Trousseau. 2 vols. 8vo., 2nd. edit. Adrien Delahaye, 18sh.

(*b*) A Pamphlet, 8vo., pp. 31. Price 1s.

LEARNED SOCIETIES.

Academy of Sciences.—The learned secretary reported on two recent communications on the subject of consanguineous unions.

The first is a publication by Mr. Devay, which concludes as follows :—"In the present state of the question, the physician is fully justified in opposing consanguineous unions in his writings, his tuition, and in the private advice he is called upon to impart in his practice."

The second is a letter forwarded by Dr. Boudin :—"The unfortunate consequences of the marriage of near blood-relations," says the author, "often spare the first generation, but break out in the second. The issue of such unions, although perfectly healthy, are liable, *without intermarrying with relatives*, to give birth to infirm children, and to produce *indirectly* the morbid condition, from which they have themselves been so fortunate as to escape."

In support of this view, Mr. Boudin adduces two instances observed by Mr. Balley and Mr. Chazarin.

"Mr. B——, a dispensing chemist at Bourbonne les Bains (Haute-Marne), married a German lady, the issue of the marriage of two first-cousins. They have four children, the first was born *with spinal deformity*, the second was *deaf and dumb*, the third is sound bodily and mentally, and the fourth is *an idiot*. We may here obviously trace *indirect* hereditary induction, or a consanguineous influence proceeding from the mother."

"Mr. L——, the Mayor of C. (Dordogne)," says Mr. Chazarin, "married the daughter of his first-cousin. Two children were born, a boy and a girl, both *free from infirmity*, and endowed, like their parents, with perfect health. Miss L—— was married at the age of twenty, to a young man somewhat older than herself, *to whom she was in no wise related*, and gave birth to a *deaf infant*. The family is in easy circumstances, and resides in a remarkably healthy, high situation, free from damp. No other instance of deaf-muteness is to be found at C———, and no case of the kind has ever been observed in the family."

Unless, therefore, the infirmities of these children of healthy parents are referred to mere accident, Mr. Boudin conceives

that consanguineous unions must be inferred to exert an injurious influence which is not always confined to the first generation.

— Mr. Velpeau presented, in the name of the author, Professor Spérino (of Turin), a volume on the utility of repeatedly removing the aqueous humour in diseases of the eye. Ocular paracentesis has been resorted to in the most remote antiquity, and was much extolled in the seventeenth and eighteenth centuries; it then fell into disuse, and has recovered a portion of its popularity since the year 1835. It has by no one been so frequently performed as by Mr. Spérino, who has recourse to it not only, like his predecessors, in cases of cataract, inflammation, or dropsy, but more especially in glaucoma, staphyloma, choroiditis, and various forms of amaurosis. Should the results he has obtained from the operation be confirmed by further experience, he will have done good service to the therapeutics of ophthalmology.

Academy of Medicine.—Mr. Jules Béclard, the annual secretary of the Academy, introduced the names of the successful candidates for the prizes awarded by the Academy, by a brief appreciation of the memoirs which have been deemed deserving of recompense and encouragement. The following is the result of the competition :—

Prizes Adjudged in 1862.

Prize of the Academy—To determine by clinical observation—1. The *natural* progress of the different kinds of pneumonia, in the different physiological conditions of the body. 2. The comparative value of expectation, in the treatment of the above diseases. (Value of the prize, 40*l.*). The prize was not awarded to any of the essayists, but

1. A sum of 24*l.* was granted to Dr. Louis Duclout, of Sainte-Marie aux Mines (Haut-Rhin).

2. As an encouragement, 16*l.* were adjudged to Dr. E. Molland, of Paris.

Portal Prize.—Vascular obstructions of the circulating system of the lungs, and the practical applications which they suggest." (Value of the prize, 24*l.*)

As an encouragement, a sum of 12*l.* was awarded to Messrs. G. Colin and Goubeaux.

Civrieux Prize.—Determine the share of moral influence in the treatment of nervous diseases. (Value of the prize, 80*l.*) The Academy awarded :—

1. A sum of 40*l.* to Dr. Padioleau, of Nantes (Loire-Inférieure), the Author of Memoir No. 4, (Ten were presented) bearing the following motto : *The physicians' office extends to the mind, as well as to the body.*

2. 20*l.*, as an encouragement, to Dr. Pasturel, of Alban (Tarn).

3. 20*l.*, as an encouragement, to Dr. Astance, of Clermont Ferrand (Puyde Dome).

4. Honourable mentions to Dr. Piedvache, of Dinan, and Dr. Charpignon, of Orleans.

Barbier Prize.—"This annual prize will be awarded to the discoverer of some complete means of cure for diseases generally viewed as incurable, such as rabies, cancer, epilepsy, scrofula, typhus, cholera-morbus, &c." (Extract from the will.)

Encouragements may be granted to those who, without having fully attained the end proposed, have advanced the nearest towards it. (Value of the prize 160*l.*)

Eleven memoirs or volumes were sent in for competition; none were deemed to have deserved the prize, the amount of which was divided as follows :—

1.—To Dr. Kœberlé, Fellow of the Faculty of Medicine of Strasbourg, an encouragement of 80*l.* for his memoir on two cases of successful ovariotomy.

2.—An encouragement of 40*l.* to Dr. Charcot, and the same sum to Dr. Vulpian, both Fellows of the Faculty of Medicine of Paris, for their paper on the application of nitrate of silver to the treatment of progressive locomotive ataxia (Duchennés disease).

Capuron Prize.—Of pemphigus in new-born infants. (Value of the prize, 40*l.*).

The prize was awarded to Messrs. Ollivier and Ranvier internes of the hospitals of Paris

Honourable mentions were granted to Dr. Paul Fèvre, of Basson (Yonne), and to Dr. Desruelles, of Paris.

Orfila Prize.—Poisonous mushrooms. (Value of the prize, 160*l.*

None of the memoirs sent in having appeared deserving of the full prize, which, by the will of the testator, the Academy is not authorized to divide, no recompense or encouragement was granted to any of the competitors.

Vaccination.—A prize of 60*l.* was divided between Dr. Renault, of Alencon (Orne,) Mr. Sigalas, of Marmande, (Lot et Garonne,) and Dr. Testelle, of Paris.

Gold medals were further handed to five persons, and silver medals to one hundred vaccinators.

Epidemics.—The Academy awarded two gold medals, and silver bronze medals to eighteen gentlemen, besides fourteen honourable mentions to practitioners intrusted with the sanitary supervision of their districts.

Inspectors of Mineral Waters.—The Academy awarded silver and bronze medals to seventeen, and honourable mention to two inspectors of thermal establishments.

BIBLIOGRAPHY.

Traité des Dyspepsies, ou Etude Pratique de ces Affections Basée sur les données de la Physiologie Experimentale, et de l'Observation Clinique (a Treatise on Dyspepsia, being a Practical Inquiry into the Nature of this Affection, based on Experimental Physiology and Clinical Observation), *by A. Nonat, M.D., Physician of the Hospital of La Charité. (a)*

Dyspepsia is a morbid condition of so frequent occurrence, that in the history of most diseases it may be met with either as a cause or as a result. We reproduced on former occasions several clinical lectures, in which Mr. Beau demonstrated in a peremptory manner the truth of this assertion, and as the knowledge of the fact is in many difficult cases the only safe guide of the therapeutist, it cannot be too widely diffused. In Mr. Nonat's opinion, however, the term *dyspepsia* is, to a certain extent, loose and indeterminate, and it is in order to remove this want of precision that the learned physician of La Charité has published the volume before us.

The author preserves the usual classification of dyspepsia in *accidental* and *chronic*, but his subdivisions are established on more physiological grounds than those adopted by Chomel. He describes in succession gastric and intestinal dyspepsia. Thus accidental acute dyspepsia, commonly called indigestion, may affect the stomach or the intestines, and in the latter instance is generally but the consequence of the former disturbance. Let us glance in a cursory manner at the chapter on the treatment of indigestion. "In order to facilitate digestion, without inducing emesis, it is necessary," says Mr. Nonat "to exhibit drink, but *in very small quantities at a time.* . . A very simple and innocuous method of attaining the same object is to give one or several lumps of sugar moistened with water. In mild cases of indigestion, or merely of torpid digestion, this system will often be found efficacious." When it is desirable to induce vomiting, this may readily be effected by lightly touching the uvula, or with a glass of warm water containing eau-de-cologne, and, if necessary, tartarised antimony. It is proper to stimulate the stomach to reject its contents so long as food is thrown up. When no alimentary matter appears in the ejecta, the indication of treatment changes, and the stomach must be soothed and quieted, and the administration of drinks of all kinds be discontinued. Every variety of liquid irritates the stomach, and keeps up or causes a return of vomiting. This is an important precept on which Mr. Nonat lays much stress. If the gastric convulsion does not subside, iced beverages, laudanum, or fragments of ice should be resorted to, and also the application over the epigastric region of compresses impregnated with cold water and ether or chloroform.

The fourth chapter the author devotes to the study of chronic or habitual dyspepsia, which may be gastric or intes-

(a) One vol. 8vo. A. Delahaye, Paris.

tinal. The former he subdivides into four varieties,—viz., simple or atonic, gastralgic, flatulent acid, and irritative. Mr. Nonat remarks that the latter form has not hitherto been described, and has not received the amount of attention it deserves. It is especially distinguishable by the circumstance that the remedies which relieve or cure the other varieties of dyspepsia are here unavailing, if not positively injurious. The success which attends a peculiar line of treatment has induced the author to designate this form by the term *irritative dyspepsia.* Counter-irritant agents are those to which he resorts with every confidence, and from the use of blisters or embrocations with croton oil, he has always derived much benefit.

Intestinal dyspepsia also presents several distinct genera—viz., the simple and the nervous forms, the flatulent variety, and that kind of irritative intestinal dyspepsia, which deserves the name of *entérite glaireuse.*

We should not omit to state that Mr. Nonat also directs his attention to idiopathic and symptomatic dyspepsia, and to that sympathetic form which is a frequent complication of uterine disease.

The prognosis of dyspepsia must, of course, greatly vary, according to the causes, forms, and duration of the disease, and the same circumstances likewise govern the treatment. In this part of his volume, Mr. Nonat displays much practical experience, and we recommend to the attention of our readers the pages in which he describes the treatment most appropriate in every variety of the affection, with every detail calculated to assist the practitioner.

MISCELLANEA.

Professor Velpeau has been named Member of the Institute of Bologna.

— In consequence of the death of Mr. Tessier, and the retirement of Mr. Gibert, the following changes have taken place in the medical wards of the hospitals of Paris :—

Mr. Bouchut is appointed Physician to the Hospital for Infancy; Mr. Lallier, Physician to Hospital St. Louis; Mr. Empis, Physician to Hospital La Pitié; Mr. Triboulet, Hospital Sainte Eugénie; Mr. Anexfeld, Hospital Saint Antoine; Mr. Ch. Bernard, Asylum for the Incurable; Messrs. Simonet and Lorin have been appointed, the former to the Nurse's Institute, the latter to La Rochefoucauld Asylum.

In the Surgical Wards, the following changes follow the retirement of Mr. Malgaigne and of Mr. Michon :—

Mr. Denonvilliers is named Surgeon of La Charité; Mr. Richet is appointed to La Pitié; Messrs. Voillémier and Guérin, to Hospital St. Louis; Mr. Cuseo, to Lariboisière; Mr. Follin, to the Midi; Mr. A. Richard, to Cochin; Mr. Broca, to La Salpêtrière; Mr. Bouchut, to Lourcine; Mr. Foucher, to Bicêtre, and Mr. Dolbeau to the Foundling Hospital.

— French Surgery has to mourn the recent loss of Mr. A. Robert, Honorary Surgeon of the Hôtel-Dieu, Fellow of the School of Medicine, and Member of the Academy of Medicine. Mr. Robert's exalted position had been the result of many successful competitions; and although his efforts were not rewarded with a Professor's chair at the School of Medicine, the extent of his information, and his great talents for tuition, pointed him out as pre-eminently deserving of such a post. Our learned confrère died of disease of the heart, at the age of sixty-two.

— Another lamentable and more unexpected death it is our painful task to record. Dr. Jamain, an active contributor to the Medical Press, and Surgeon of the Hospitals of Paris, died suddenly at the age of forty-six, at the conclusion of a recent meeting of the Botanical Society.

— We also much regret to have to announce the deaths of Dr. Bisson, of Paris; of Dr. Lusignan; Dr. Lassalvy, of Montpellier; and of Dr. Deleau, who had acquired considerable celebrity in the treatment of Diseases of the Ear.

The Medical Circular.

LECTURES
ON DISEASES OF THE EAR.

By Jas. YEARSLEY, Esq., M.D.

No. II.

(Continued from page 75.)

In 1838, catheterism of the Eustachian passages was an established mode of practice in France and Germany. Itard until his death, Deleau in Paris and Kramer in Berlin, were its warm supporters, but in the last century, in England it had been left as an unclaimed legacy by Wathan and Cleland and nobody had adopted it.

In the autumn of 1837, Dr. Risdon Bennett had introduced the subject to English readers, by a translation of a work of Dr Kramer, of Berlin, and it would seem that his chief object in the translation was to sound the praises of Catheterism, for he says, "all that is required in order to render the treatment of these diseases comparatively satisfactory, and thus restore them to the care of well-qualified practitioners, is a little manual dexterity in the introduction of the catheter, and careful local investigation of the affected organ."

Mr. Pilcher, at a contemporary date with myself, took up the subject and published his work entitled, 'On the Structure and Diseases of the Ear,' in which the practice is incidentally noticed, but by no means made a distinguishing feature of its contents. Wilde, in his "Aural Surgery," dated 1852, following in the wake of the German Kramer, and, like him, indulging in the bad taste of depreciating all other authors in a critical literary review of their works, thus speaks of the introduction of Catheterism by myself.

"During the last fourteen years Mr. Yearsley, of London, has published several works (and issued several editions of each) in connection with diseases of the ear. The first of these was Part I. of 'Contributions to Aural Surgery,' consisting of the Proceedings of the meetings of the committee for managing 'The Institution for curing Diseases of the Ear,' to which was added a Medical Report, and also a detailed account of cases. The earliest of these tracts appeared in 1839, and a third, which is the last I have seen, in 1841. They abound in copious extracts from various authors, and in particular from the then recently translated work of Kramer. *In these publications the author chiefly labours to impress upon the profession and the public the necessity of Eustachian Catheterism in all diseases of the ear.* In 1842 Mr. Yearsley published 'A Treatise on the Enlarged Tonsil and Elongated Uvula, in connection with Defects of Voice, Speech, and Hearing, &c.' of which several editions have since appeared. The author recommends excision of the tonsils for the cure of deafness, and we believe a great number of persons have since submitted to the operation; with what degree of success the profession of London are the best judges. Every practical physician and surgeon must be well aware that enlarged tonsils do not of necessity produce deafness; I shall, however, leave the further discussion of that subject to the work of Mr. Harvey to be noticed presently. In 1847 there appeared by the same author, 'Deafness practically illustrated, being an exposition of *Original* Views as to the Causes and Treatment of Diseases of the Ear.' These original views consisted of a reprint, with scarcely an alteration, of the three original tracts originally published, from 1838 to 1841, and a large portion of the book upon the Throat just referred to, to which were added chapters upon 'Stomach Deafness;' the Statistics of Deafness; on the best means of compensating for Incurable Deafness; and on Ear Trumpets. The author's description of stomach deafness is as follows: 'The so-called nervous deafness, hitherto a stumbling-block to contemporary writers, is nothing else than an injurious influence exerted on the ear by dyspeptic ailments, though commonly pronounced a disease depending primarily on the auditory nerve itself.' And again:—'The first description of deafness from digestive disorder is that in which the disease is strictly confined to the stomach, no perceptible change having occurred in the organ of hearing, except functional torpor of the auditory nerve. This is best seen in acute indigestion.' Obstruction of the biliary secretion, accumulation of morbid bile in the gall ducts, and chronic dyspepsia, are the other abdominal derangements supposed by the author to produce deafness, which he believes to be caused by an extension of a subacute inflammatory condition of the mucous membrane into the throat, and thence into the cavity of the ear, and even to the external meatus! To Mr. Yearsley, however, is due the credit of having first drawn the attention of the profession to the very valuable remedy of introducing a portion of moist cotton into the external meatus in cases of deafness arising from perforation of the tympanal membrane. The original communication upon this subject was published in 'The Lancet' for July 1848, and was afterwards re-

printed as a tract upon 'A New Mode of treating Deafness when attended by a partial or entire Loss of the Membrana Tympani, associated or not with Discharge from the Ear."'

With this extract from the work of the Irish Aural Surgeon Wilde (ill-natured and untruthful, on more points than one, though it be), I ought to be satisfied, for out of the mouth of another it is shown that to me belongs the credit of "labouring to impress upon the profession and the public the necessity of catheterism," and of having led the van in the permanent establishment of the *Internal Treatment* of Diseases of the Ear in this country.

It is a rare thing to find a critic, with a pen dipped in gall, inditing a passage so convertible to the author's wishes and purposes as that which I have just quoted. If Mr. Wilde had intentionally sat down to write that which would enable me at some subsequent date to prove myself an independent thinker and a more rational practitioner than my then contemporaries, he could not have better succeeded than he has done.

Not only so, but he has actually adverted to every novelty in Aural Surgery, theoretical and practical, brought forward since the days of Maule, Curtis, and Stephenson, and pointed *to me* as the dangerous and mistaken innovator. It will take but a moment to enumerate them—1. Catheterism of the Eustachian passages. 2. Enlarged Tonsils as a cause of Deafness. 3. *Original* views. 4. The wetted cotton remedy.

Whilst he evidently would wish it to appear that he did not think my views *original*, by allowing that word to appear in italics, yet he quotes, from my work, passages which indisputably prove them to be so. In no other author that I am aware of, had it been shown that "the so-called nervous deafness was an injurious influence exerted on the ear by dyspeptic ailments" of course, through the intervention of the mucous membrane, and that "though commonly pronounced a disease, depending primarily on the auditory nerve itself," was in truth a mere *nominis umbra*, behind which aural surgeons were wont to clothe their ignorance of the true cause—that being "an extension of a sub-inflammatory condition of the mucous membrane into the throat, and thence along the Eustachian passages into the cavity of the ear, and even to the external meatus."

Yes, Mr. Wilde, not only have I "laboured to impress upon the profession and the public the necessity of Eustachian Catheterism in diseases of the ear," though not in *all*, as *you* say, but I have also laboured to impress upon their minds that it is the mucous membrane which is in fault, whether it be as a consequence of stomach ailment, or cold, or influenza, or scarlatina, or enlarged tonsils, or any other malady in which that important tissue is involved, and thus, most kind and generous critic you have helped me to establish my claims—innocently, no doubt:

1st. To be considered the founder of the Internal Treatment of Diseases of the Ear in this country.

2nd. To have shown the futility of treatment directed to the outer passages of the ear by oils, and ointments, and blisters, by proving that deafness was generally a consequence of morbid conditions of the mucous membrane within, having nothing whatever to do with the outer structures of the ear, which were, therefore, tormented and tortured in vain.

3rd. To be entitled to the merit of the discovery of the wetted cotton remedy known as the Artificial Tympanum, and admitted to be "a very valuable remedy." Other aural surgeons pronounce it to be the "most important medical discovery of modern times."

It will be observed that Mr. Wilde does not trust himself to give an opinion on the question of enlarged tonsils being productive of deafness, but hands me over to the tender mercies of Mr. Harvey. I expect I shall amuse my readers very much, when I come to that part of my subject, I mean that they will be amused at the direful consequences which have been said to have arisen from cutting away exuberant growths of these glands, but the subject will deserve a place to itself, and must, therefore, be reserved.

It was, of course, some years prior to the publication of his, in some respects, very useful work, that Mr. Wilde honoured me with a rather lengthened visit, on which occasion I was the teacher and he the pupil. He came to get what hints he could from me, and I do not think he would say I stinted him in information, or evaded his inquiries. Such visitations made *bona fide* by men of science, I regard as highly complimentary, and I have never spared time nor trouble to satisfy the legitimate curiosity of those who have so honoured me. Occasionally a *mauvais sujet* has taken advantage of my liberality and played me false. I could point to one who has a leaning for aural surgery, and attended one of my courses of Practical Demonstrations. He turned out to have been a spy sent by one of my contemporaries, not Mr. Harvey, and is now known as his *flapper!*

In these introductory observations written *currente calamo*, I believe it will be in my power to enlighten my readers on many points relating to Diseases of the Ear, respecting which they have been greatly misinformed. I wish to lead them into a train of thought relative to these affections, different to what they have been accustomed. I wish to impress upon them that the ordinary route for combating the vast majority of cases of deafness, is not through the external meatus, by indiscriminate syringing, by fluids or ointments, whether acrid, like veratria, or innocuous, like glycerine, by blisters, whether by the vulgar emplas trumlyttæ, or the more elegant preparation, but equally torturing, acetum cantharidis.

A familiar illustration of my meaning occurs to my mind. Sitting in my chair at the Ear Infirmary, in Sackville street, receiving the poor patients in their turn, I am sometimes struck with the pertinacity with which they will attempt to open the door the wrong way—the said door opens inwards—but, having taken it into their heads that it can only open outwards, they push it, and slam it, and bolt it, and unbolt it, but all in vain. I behold these things with amazement, but glad of a minute or two's rest, and much amused, I await the result; presently the patient's reason comes to his aid, and he thinks that there may be two ways of getting a door open. So it is with Aural Surgeons in this country, at least to a much greater extent than is creditable to their judgment; they seem to forget that there is another route to the ear than the outer passage—namely, through the nose, and what is known as the Eustachian passage.

This may be said to be a continuous and uninterrupted passage from the nasal opening to the cavity of the tympanum, for certainly there is no interposition of any membrane analogous to the membrana tympani to stop the way. Through it we reach the lining membrane of the tympanum, the tissue mainly affected in the incipient deafness, which is most amenable to treatment. And upon this remarkable passage I will here offer one or two remarks, which will go far in support of the views I entertain with respect to the mucous membrane in relation to deafness.

The orifice of the Eustachian passage is planted by nature exactly opposite the orifice of the nasal passage; indeed, if the division in the two passages were bridged over, it would form one continuous passage, and we may suppose that so it would have been, had there not been a provision necessary for the descent of the natural secretions of the cavity of the tympanum into the throat. And why is the guttural opening of the Eustachian passage planted opposite to that of the nasal passage? Obviously to facilitate the admission of the air we breathe to the tympanum. So obvious is it, that when added to the importance of treating aural affections through this passage, I am desirous to identify the connection as much as possible in the public and professional mind, by a change of name, by throwing over the name Eustachian altogether, and call it at once *the naso-aural passage.*

To be continued.

FROST-BITE AND ITS TREATMENT.

By William Belin, M.D., &c. &c.

As we are in the season to meet with frozen limbs, especially frost-bitten fingers and toes, it may be well to make known a method of treatment which I adopted many years ago, and which I have found to be very successful. It is the usual practice, so soon as it is discovered that any portion of the body has been frozen, to apply cold water or soft snow to the same, and continue the application until the circulation is restored, or until the hope of restoring vitality is gone. If only a small piece of skin be frozen, snow rubbing will generally succeed; but if both skin and deeper parts are frozen, snow rubbing will seldom restore vitality; indeed the long continued application of cold water or snow is generally injurious. I have no doubt that many fingers and toes are thus lost which might have been saved by better treatment.

After applying cold water or snow of a proper temperature for a few minutes to extract the frost as speedily as possible, my plan is to immerse the frozen part in warm water containing a sufficient quantity of ground pepper or mustard: as one or the other of these articles is to be found in almost every house, it is consequently always available. If portions of the face or ears are affected, pieces of flannel coming out of the hot liquid are to be applied, and frequently repeated till circulation is restored. In a few minutes a tingling sensation will be felt; and, in a short time, vitality will be fully restored, unless the frost has penetrated too deeply. If the whole thickness of a membrane be frozen, including the principal blood vessels and bone, no treatment can restore vitality; loss of substance and disfigurement will be the inevitable consequence; but, even in these cases, my treatment is of service by extending the living parts as far as possible, and thus diminishing the extent of the mischief.

It is probable that some medical men employ means similar to mine; but there are many who confine their operations to the application of cold water or snow with sometimes the use internally of anodynes or stimulants, and if these means fail, they regard the restoration of vitality as hopeless. To such I would earnestly recommend a trial of my plan: and, if proper cases be selected, I have no doubt that the result will prove satisfactory.—'British American Journal.'

THE MEDICAL CIRCULAR.

WEDNESDAY, FEBRUARY 25, 1863.

MEDICAL REGISTRATION IN IRELAND.

Sir Robert Peel desires to distinguish his Secretaryship by enacting a system of Registration of Births and Deaths in Ireland. The want of such a system hitherto, has been a great defect in the sanitary requirements of the State; for we have not had sufficient means of comparison between the mortality in Ireland, from various causes, and the mortality in this country. The difference in social circumstances between England and Ireland, will certainly be expressed in the death-lists, and past experience assures us that the most effectual mode of accomplishing social and hygienic reforms, is to publish regular reports of the havoc committed by removable causes of disease.

We hope, therefore, that Sir Robert Peel's Bill will be carried, as it will inevitably constitute the foundation of further efforts for the amelioration of the condition of the lower classes of Ireland. "Facts are stubborn things." Let the world know in clear, bold, and undeniable figures the immense mortality from fever, for instance, in that country, and it will be impossible to prevent further legislation.

The office of the Registrar-General has been the spring-head of all the sanitary reforms of this country. The inflexible figures pointing like the finger of Fate at the anomalies of our social condition, which have been published quarterly by that officer, have shamed Englishmen into great efforts to improve their cities, and to ameliorate, in various humane modes, the lot of the labouring classes. We owe our great drainage schemes, our public baths, our model dwellings, our purified water supply, our people's parks, and even indirectly, our improved agriculture, to the mute, but eloquent appeals, expressed in the arithmetical summaries of the Registrar-General.

The English Act has been in operation but twenty-seven years, and it has in that time produced a revolution in the ideas of the public in relation to hygiene. The people have accepted the principles taught by our sanitary reformers, they have appointed medical officers of health, they have organised local boards, they have incurred heavy expenditure for public works; and the result is that our comforts have been promoted and the value of human life largely increased. Similar consequences will flow, in due time, from the Irish Act.

There are two or three points in this Act which we cannot forbear to notice. In the first place, we congratulate our Irish brethren on the excision of the penal clauses with which they were originally threatened for neglect to forward the required certificate. Their manly stand in defence of their private rights has been rewarded by the concession of the Government. It is pleasing to us to know that the penal power which is incorporated into the Scotch Act has been found to work so badly that the Irish Secretary deemed it the wiser course not to risk the success of his measure by adopting it in this scheme. A more unconscionable attempt to establish a bureaucratic tyranny in this country was never made, and we are glad that it has been defeated. Again, it is gratifying to know that the office of Registrar will be a privilege of the Dispensary Surgeons, and that it will not be open to the candidature of any policeman, grocer, or haberdasher who may aspire to eke out a livelihood by the aid of a salary for discharging a duty he does not understand. As Mr. Brady truly said in Parliament, in answer to Lord Naas, if such men were appointed it would vitiate the whole system, as mistakes would occur from their inability to comprehend the names of the diseases they would be required to register.

There is a remarkable and very significant discrepancy in the Act as to the source of payment of the Registrars and Superintendent Registrars, it being provided that the former shall be paid out of the Local Rates, and the latter out of the Consolidated Fund. Why so? Is it because the Superintendent Registrars will be clerks of unions—therefore lawyers; and the lawyers know how to take care of themselves? They dislike to be more subject to Local Boards than they can help, and infinitely prefer to fasten themselves upon the Consolidated Fund. They have plenty of friends withal in Parliament to protect their interests. Our profession is always placed at a disadvantage in comparison with the law, in consequence of our not being properly represented in the Legislature.

On the whole, there is little objection to be offered to this measure; and every well-wisher to the cause of social improvement should desire its success. It will constitute an era in the domestic annals of Ireland, and will undoubtedly be fruitful of many advantages.

SUMMARY OF THE WEEK.

DISCOVERY OF SKELETONS BETWEEN GUILDFORD AND MERROW.

Five skeletons have recently been discovered near Guildford, in excavations cut in the solid chalk. Mr. Frederick Ross, of Guildford, has examined them, and has decided that at least one was the skeleton of a woman, and another of a young man; there was some difficulty in deciding as to the sex of the others. A variety of conjectures has been hazarded as to the period when the bodies were buried—some fixing it at the time of the civil wars of Cromwell; and others, of the conflicts of the Anglo-Saxons. At any rate, these remains have not much interest in an ethnological point of view.

THE LICENCE OF THE COLLEGE OF PHYSICIANS.

This Licence has not been granted during the past year to so large a number of candidates as was anticipated; in truth, the licence is not yet popular, probably because it is feared that it will not be recognised by the Public Boards. This apprehension is, however, erroneous. The licence has been already recognised by the Registrar of the Medical Council, by the Army Board, the Navy Board, and the Poor law Board. In order to make the examination more efficient, and to give an entire equality to the subjects of examination, the Fellows have altered the College By-Laws; and it is now ordained that there shall be *two* examiners in physic, *two* in surgery, and *two* in midwifery. This change is entirely satisfactory, and we trust that the time is near when every candidate for general practice will hold the College Licence.

THE CASE OF MR. ADAMS.

We are happy to say that there is a determination on the part of Mr. Adams' friends to rally round him, and that a preliminary meeting was held last Wednesday to make arrangements for a general meeting of the Profession. The Wednesday's meeting was attended by what may be termed the "representative men" of the Profession, and it is obvious that there is a general concurrence of feeling in behalf of Mr. Adams. The General Meeting was appointed for Tuesday, four p.m. (yesterday), and we regret, that owing to the necessity of going to press at an earlier hour, we are unable to give a report of the proceedings. The persecution to which Mr. Adams was exposed, is a liability of us all, although, happily,

a rare one. It is reported that Mr. Adams intends to bring an action for perjury against Mrs. Russell, when it will be in his power to bring forward evidence that could be only incidentally adverted to at the late trial. We hope that he will succeed in showing the whole truth of the case as regards the Russells.

SPECIAL HOSPITALS.

The 'Lancet' having recently published one of its occasional attacks on Special Hospitals, considerable dissatisfaction has been felt by the specialists. No wonder. Our contemporary, thinking the subject a safe one, was more than usually saucy and flippant, and has succeeded in galvanising Mr. Lobb, and ulcerating the mind of Mr Westlake. These gentlemen have written to our contemporary to show the necessity of their institutions. Mr. Lobb affirms that there are no means of employing galvanism in the London hospitals; if there were, he should not have established his, and would relinquish it to-morrow if the authorities of any public hospital would attach him to it and give him a fair opportunity to try his methods. This is fair. Mr. Westlake, too, says, that old ulcers are rejected at most hospitals as unsuitable cases, therefore the necessity for his institution. We believe that both these gentlemen state the substantial truth, and the simple question is, should these cases not have a fair chance of treatment, or these remedies not tried, because the surgeons of our great hospitals think they are beneath notice, or have not the time to attend to such matters? The fact is, that there is a jealousy between the generals and specials; that the generals specialise as much as they can for the sake of getting practice, and the specials have no objection to generalise, if they can get the fees. As a method of studying disease, we have no doubt of the vast advantage of limiting attention to particular affections. The science of medicine is too complex and too deeply learned for any man to be a perfect master of all its branches. We all feel this when a second opinion is wanted, either in our own case or in the case of an anxious patient. We encourage specialism by our practice; it is idle, therefore, to decry it in theory. The 'Lancet' was simply beating the big drum; we hope the specialists are not quite so Chinese as to be frightened by it.

RESIGNATION OF MR. COULSON.

As we intimated last week, Mr. Coulson has informed his colleagues of his intention to resign his appointment as surgeon to St. Mary's Hospital; thus acting upon the good rule that has been adopted in other hospitals. He is one who, we believe, never willingly offended any man, and he retires, therefore, from active public duty, with the goodwill and esteem of his colleagues, and of every member of the Profession. He acquired a leading position in his profession by his talent and industry, and he amply deserved what he earned. He is likely to be succeeded by Mr. Spencer Smith.

THE HUNTERIAN ORATION.

This oration, biennial now instead of annual, was delivered this year by Mr. Gulliver, than whom no man could be better qualified to handle the subject of Hunter's Physiological Labours. There was a good muster of distinguished persons present on the occasion.

"The orator commenced by admitting the difficulty at this day of finding any novel points for comments on the valuable records of Hunter, but said there ought to be a relative novelty, and at least a perennial interest and instruction, in reviewing the works of a man of genius in the fitful lights and shades of advancing science. Nor could a more grateful homage than this be paid to the memory of a great man. It is to view his reputation in the very glass in which he himself would like to see it, were he to reappear among us; and, though he be dead, to show how he yet speaketh. By the book of Hunter we mean (said the learned orator) the grand exposition of the works of nature to be found in his magnificent museum as well as his writings. In his time physiology and zoology were so oppressed by mere facts as to be in danger of sinking under their number, confusion, and weight, until he so surveyed and arranged them as to show their affinities and contrasts. Long before, there had been a sort of dead order, which it was reserved for his genius to mould by expositions of relation and difference, of unity of progression, or continuity of transition or development, into a living method. No one can properly contemplate Hunter's unrivalled museum in connection with his writings without perceiving this great truth, nor without being impressed with the force of evidence by which the master-spirit was led to the impressive and crowning conclusion that life is independent of or precedent to organisation. Moreover, a somewhat familiar acquaintance with his work has long since taught us to look up to him as the foreteller of many principles or central phenomena only recently become well known by new or improved means of research, and claimed accordingly as late discoveries, in utter ignorance of his earlier observations. Among other instances, his description of the leading fact in the formation of the buffy coat of the blood was particularly worth notice, not only from its importance, but also because his priority in this respect was so little known or even suspected, and so long completely hid, that it was left for Professor Gulliver to point out, in the course of lectures last delivered, how Hunter had anticipated the main result of the excellent observations of Shrœder van der Kolk, Nasse, Henle Wagner, and Wharton Jones.

"The orator then gave an elaborate history of the discoveries relating to the blood, with notices of those physiologists who have confirmed Hunter's views on this important subject; and drew attention to the valuable catalogues of the museum (making twenty-nine quarto volumes), and to the labour and expense which had accrued, and which must increase with the growth of the museum. In rendering unto Hunter his due, Mr. Gulliver severely censured some of the authors of books placed in the hands of our pupils, and more particularly those by some recent German writers, made popular in this country by British patronage and translations, and this in spite of the notorious fact that these works, so full of egotism, are, as regards many of the most important points of physiology, really worse than useless. What, observed the orator, is the plasma, protoplasm, blastema, or cytoblastema of these Germans, but the coagulable lymph of our Hunter? (Mr. Gulliver was applauded here, and proceeded to say)—It is now proved that we have adduced sufficient evidence to show that the Hunterian doctrine respecting the blood stands yet in all the majestic simplicity of truth, really unaffected by the more complex tenets of Schleiden, Schwann, and Valentin; that, in fact, even this single scene in the great drama, this little episode in the grand epic of Hunter's labours would alone be sufficient to show the depth of his genius—to entitle him to the admiration and gratitude of all posterity, and the places of honour in philosophical surgery. He yet lives in the hearts of his disciples; and these even now after following his bones from their first resting-place to our venerable Abbey at Westminster, are erecting his statue—a marble testimony of respect—amid the scenes he loved so well. But all the shows of art, pictured pomp, or sculpture, speak in feeble imagery—their own cold powers frail and vain for his renown. His best eulogy, as of other great men, is to be found in his works, and especially in his museum. There, verily,

> "He in our wonder and astonishment
> Hath built himself a livelong monument;
> And so sepulchred, in such pomp doth lie,
> That kings for such a tomb might wish to die."

And here, added the orator, we might have concluded, but that since last addressed, death had deprived us of some of Hunter's disciples,—*haud passibus æquis*—as Quekett, Norman, Stanley, and Brodie, to whom a passing tribute must be paid. The three latter died full of years, and in the enjoyment of that which the greatest secular judge of human nature tells us "should accompany old age, as honour, love, obedience, troops of friends;" but Professor Quekett was early lost to science, yet not without leaving beautiful marks of his course behind him. He was one of the first, if not the very first, of those eminent men who devoted their talents exclusively to the abstract and higher branches of the Profession, quite regardless, in this noble pursuit, of the meaner considerations of practice and profit. He explored the field of histology in its widest sense; his inquiries not only extended through the animal and vegetable kingdoms, but also to mineral substances, and his collected specimens of the intimate structure of organic nature surpassed in number and value anything of the kind before displayed in this country. Such a mind could not be thus employed without discovering central or comprehensive phenomena—could not be confined to mere fragmentary, subordinate, or minor facts, as his early observations on the nature and arrangement of capillaries led him soon to exhibit in the blood-vessels alone—rational evidence—proof of function from structure of the significance and use of the air-bladder in fishes. His original researches, two or three years afterwards on the intimate structure of bone, were of still higher import; for they at once and for ever demonstrated the analogies and contrasts of this structure, and with such admirable precision and clearness as

not only to establish the essential characters in this respect of the vertebrate sub-kingdom, but also the means of determining the affinities of minute fragments of the organic remains of a former world.

"Mr. Quekett, like Pope, might truly have complained of that long disease—his life." He retained to the last his wonted serenity and affability, kindness and humility: neither was his constitutional sweetness of temper affected by the plagiarism of his labours abroad, nor even by the pitiful attempts of anonymous slander at home. Let us however hope, said Professor Gulliver, that generous hearts will not be wanting among us to defend Hewson and Quekett on the proud pedestals which they had so honourably gained.

"Mr. Norman was a man of a different stamp. He early marked out the best course by which to arrive at the goal for which he panted, and won in a manner honourable alike to himself and to the Profession, having twice been elected chief magistrate of the city of Bath, and deputy-lieutenant of the county. In 1825, Mr. Norman successfully tied the external iliac artery, as well as the arteria innominata; he had tied the common carotid two years earlier; but his chief operation was the securing with complete success both the lingual arteries in a case where excision of the tongue had become necessary.

"Mr. Stanley was chiefly distinguished in surgical anatomy and pathology, and was one of the most successful teachers of his time, and a great master of what he loved to call practical anatomy; and he was so highly esteemed by the students of other schools, and especially those from the Borough, that, even during the brilliant reign there of Sir Astley Cooper, the St. Bartholomew men were almost excluded from their own theatre by the latter.

"The orator passed a long and high eulogium on Sir Benjamin Brodie. An interesting account was then given of the great teachers at the Windmill street School.

In conclusion, Professor Gulliver expressed a hope that, if he had rather forcibly submitted some of the just claims of the British school of physiology in the labours of John Hunter and his disciples, it had been done conscientiously in the defence of Truth, and, he hoped, neither lightly nor inconsiderately, and yet with sufficient decision and accuracy to assist, if not maintain, her sacred cause. Let us never forget that we belong to the country of the Harveys and the Hunters; nor when we deplore the loss of such of their followers as Brodie, Norman, Quekett, and Stanley, cease to feel that excellent consolation which is afforded by the character of their lives, and the examples they also have left to us and to our posterity; for 'these were honourable men in their generation.' Professor Gulliver concluded his oration amid considerable applause.

"In the evening, the President and Council entertained a large number of distinguished guests at a banquet at the Albion Tavern."

REVIEW OF THE PERIODICALS.

The 'British Medical Journal' (Feb. 14). Dr. Lionel Beale contributes "Facts and Arguments opposed to Dr. Bennett's Theory of Organisation." He charges Dr. Bennett with vagueness and contradiction, and he advocates the use of lenses of high magnifying powers for the examination of minute objects. Dr. W. Budd contributes a paper on "Malignant Pustule." An article on the "Ocular Tunic" and its anatomical relations and bearings in ophthalmic practice, is contributed by Mr. Haynes Walton, and Mr. Hamett Hailey gives his experience of the "Use of Nitric Acid" in the cure of ulceration of the os and cervix uteri. He applies the acid pure with a glass brush. Several successful cases are reported. The tincture of the sesqui-chloride of iron is also administered internally.

The 'British American Journal' (December). Dr. Wm. Belin contributes an article on "Frost-Bite," in which he expresses his disapproval of the old practice of rubbing deeply frozen parts with snow, and recommends instead warm water containing a sufficient quantity of ground pepper or mustard. Dr. Bowman describes a method of obtaining perchloric acid and of preparing chloroform, which we intend to quote.

The 'Medical Times and Gazette.' A lecture on "Strabismus" by Mr. Soelberg Wells opens this journal. Dr. Heginbothom reports a "Case of Poisoning by Sulphuric Acid," and Mr. E. L. Hussey "Two Cases of Enlargement of Ovary;" in one case the fluid had been entirely absorbed, but the disease returned, and in the other the contents discharged through the rectum with recovery of the patient. Dr. Morell Mackenzie writes on "Functional Aphonia;" galvanism is recommended as a useful agent in these cases.

The 'Lancet.' Dr. John Hughes Bennett continues his lectures. He expatiates this week on the "Tubular Elements of the Tissues." Mr. Barnard Holt exposes "Certain Errors in the Diagnosis and Treatment of Retention of Urine." We extract the following remarks:

"After describing the symptomatic tumour in the hypogastric region, and the dullness yielded by percussion of a distended bladder, the author quoted says: 'In cases where the surgeon is in any doubt, however, the introduction of the catheter will at once clear up the difficulty.' It is here, however, in my experience that a fallacy occurs which constantly leads to most serious error. The surgeon introduces a silver catheter into the urethra, it is true; but the instrument never enters the bladder, being either too short (as is frequently the case, especially when the prostate is enlarged), or, being thrust onwards, makes a false passage in which the point becomes entangled. Or, again, the surgeon employs an elastic catheter without a stilette, under the impression that thus no damage can possibly be done; and the instrument is then either too short, or, as is frequently the case, it bends upon itself, and never reaches the bladder at all. It has happened that a catheter has been blocked with coagulum &c., which has not allowed the passage of urine even after the catheter has entered the bladder; but only great carelessness could overlook this.

"The only way to be perfectly certain that a catheter has reached an *empty* bladder is to inject water through it, which it will readily admit; whereas if the instrument has *not* reached the bladder, it will be impossible to inject more than a few drops. The same plan may be adopted in those rare cases where a *full* bladder has been reached, but the instrument has become temporarily obstructed with clot, which prevents the exit of urine."

He gives several instances in which retention had been overlooked for some time, or allowed to continue whilst various attempts were made "to force the water." Some observations on the employment of "Arsenite of Copper in the Arts" are contributed by Dr. Hassall, and Dr Muirhead reports a "Case of Hydatidiform Ovum."

REVIEW OF BOOKS.

Large Scrotal Tumour. New plan of operation for large tumours. By J. M. O'Ferrall, M.D.

The tumour in this case was of a doubtful character, but supposed to have originated in the cellular tissue of the cord. It bled at times largely from distended veins which ramified over the surface. The following was the mode of operating:

"My intended plan of operation, by which I hoped to avoid the profuse hæmorrhage which had rendered these operations always dangerous, and sometimes fatal on the spot, was to place the patient on his back, and to have the tumour poised for a sufficient length of time to empty its vessels, before the incisions were commenced. Some of my friends urged me to give up this plan, and commence the operation in front, by securing the spermatic cord. I objected to this course, because it would deprive me of my best means of avoiding venous hæmorrhage, and besides that, when the perineal incisions were to be performed, the parts would be obscured by the blood trickling from the groins.

"The patient was now placed in the position for lithotomy, and the tumour was raised and supported by Mr. M'Swiney, so as to keep the integuments over its perineal aspect on the stretch. I was now requested by some of my friends who assisted me to puncture the elastic portion of the tumour with a trochar. Nothing came through the canula but a little venous blood. With a large broad-backed bistoury I now made in the perineum two straight incisions, meeting at an angle, salient towards the anus. Keeping close to the tumour, the incisions were carried rapidly round its under and lateral surfaces, exposing on the right side the covering of the testicle, which was drawn carefully aside by Mr. Trant, and on the left a bunch of cylindrical convolutions as large as the finger. The effect was startling, and it was asked by some present whether it could be a hernia through the thyroid foramen. Their uniform blue colour, solid feel, and entire absence of gaseous contents, at once convinced us that it was an enormous varix of the cord of the left side. The tumour, being now detached as far as possible laterally and underneath, was allowed to descend to a nearly horizontal position, in order to complete the operation in front. Two straight incisions, carried downwards from the groins were made to meet at an angle, so as to include a portion of integument capable of covering the urethra and fitting into the incisions pre-

viously made below. Two short incisions connected the limbs of the two angles previously made. The tumour was now rapidly detached and the cord held by Mr. Fleming was cut across. A few strokes of the bistoury completed the separation of this enormous mass from the body of the patient.

"The vessels of the cord and a few small subcutaneous branches were now secured, and the patient was put to bed. The loss of blood was very inconsiderable, not exceeding perhaps four ounces. I cannot say what length of time was occupied by the excision, but I am assured by several gentlemen present that it was completed in eight minutes."

The tumour was of a malignant character.

A Treatise on the Continued Fevers of Great Britain. By Charles Murchison, M.D.

This book has made some commotion, in consequence of certain questions of right or courtesy that have arisen between the author and Dr. Tweedie with reference to the employment of tabulated information by the latter gentleman in his work on Fever, without due recognition of the claims of the author. We shall not now discuss the question; as we do not consider it of vital importance to the character of either author. Reputations are not made by such small matters. Nor shall we compare the works of the two authors, as has been done by some of our contemporaries, because they do not admit of comparison. We shall only say that Dr. Tweedie's exhibits "thoughtfulness;" that the present work seems to be deficient in that quality which is, however, compensated by considerable bibliographical research, and a vast accumulation of facts. This treatise looks like the labour of a diligent student, whose main object was to collect all that he could gather from various sources bearing upon his subject, and not too particular to estimate the value of his collections. Even his research, large as it seems, is sometimes at fault; so that, we suspect he has taken a great deal at second hand. Then, too, there is a dogmatic tone in many places, as if there could be nothing true out of this book. In his estimate of the value of remedies, this off-hand way of disposing of agents and methods he does not approve, is very marked. Dr. Murchison mainly relies in typhus on the mineral acids—the nitro-muriatic—a method of treatment in which we concur. We have often witnessed its efficacy, and use it as a routine medicine; nevertheless, we are not blind to the advantage of other remedies,—in the early stages to mercurials, for example, which Dr. Murchison, seeing typhus only in its advanced stages, and without evidently having any experience of other remedies than such as are appropriate to those stages, snubs out of his programme with a single sentence. It is bad logic to deny the efficacy of a remedy to arrest or shorten an attack, on the ground that we cannot tell beforehand whether, naturally, the fever would have run its due course or not. This kind of scepticism strikes at the root of all practice, and is, in truth, a confession of incompetency. There is no remedy in the whole range of the materia medica of more general benefit in febrile diseases than mercury, though in subservience to the outside notions of German quacks, herbalists, homœpathists *et id genus omne;* it is now the fashion to decry it. We have stated frankly some of the defects of this work,—it is now fair to state its merits. In the first place—though the last in the book—it has a copious bibliography; next the discrimination between typhus, typhoid, and relapsing fever is good, though, of course, in this respect, Dr. Murchison follows in the wake of other authors. The subject of pythogenic fever is also fairly handled. On the whole, we cannot consider that this book, large as it is, will be received as an authority on this subject, although it will always be prized for its large accumulation of materials.

On the Nature and Treatment of Gout and Rheumatic Gout. By Alfred Baring Garrod, M.D. Second Edition.

The success of the author's first edition has rendered the early publication of this second edition necessary. The work is enlarged by the addition of some practical matter; but the author has not modified his original views in any important respect. It is a valuable handbook on the disease.

Our Domestic Animals in Health and Disease. By John Gamgee.

A useful work to all surgeons who desire to understand the diseases to which their horses and cattle are subject. It is also valuable as bearing reflectively on the pathology of the diseases of the human system.

Lectures on Syphilitic and Vaccino-Syphilitic Inoculations, &c. By Henry Lee, F.R.C.S.

As, perhaps, our most eminent metropolitan specialist in the department of syphilis, Mr. Lee claims for his utterances our attentive consideration. We have the Rivalta cases discussed over again in this work; but we are satisfied that the evidence collected, after many month's delay, is not reliable. We venture to say that, now that the sensation has died off, we shall not have such another crop of cases to astonish the world for another ten years If such poisonings could occur once on so grand a scale, they should occur every month, for it would be impossible by ordinary care to avert them. We advise our readers to peruse this work, which, in addition to the Rivalta wonder, contains much valuable information on the subject of syphilitic inoculation.

Observations on the Diseases of the Rectum, &c. By T. B. Curling, F.R.S. Third Edition.

Mr. Curling's treatise is so well known that it requires no special praise. This is the third edition—an evidence that the book has become a standard work on the subject.

Air and Water, their Impurities and Purification. By Henry Bollmaun Condy.

This treatise sets forth the value of the permanganates in the purification of air and water. Their value is now well established.

REPORTS OF CONTINENTAL LEARNED SOCIETIES.

(From Our Own Foreign Correspondent.)

Academy of Sciences.—In a recent paper, Mr. Baillarger established on statistical data the frequency of bronchocele in mules and horses. Thus, M. Péronet, Inspector of the slaughter-houses of the city of Chambérg, examined 60 mules and 45 horses; 28 of the former, and 15 of the latter were affected with goître. At Allevard, Dr. Rey, veterinary surgeon, 4th Regiment of Artillery, ascertained the presence of bronchocele in 47 mules out of 55 submitted to his inspection.

Professor Renault, of Alfort, remarked in a letter forwarded to the Academy of Sciences in the month of April, 1862, that since the establishment of the tax on dogs, hydrophobia would seem to have increased in frequency. Mr. Renault recommended as the measures most likely to check the progress of the contagion, the permanent and effective muzzling of all dogs allowed to wander at liberty, and the immediate destruction of all animals known or suspected of having been bitten. The latter procedure having been taxed with cruelty, has been replaced by the temporary sequestration of suspected dogs. The length of time during which it is desirable to sequestrate the animal depending upon an exact knowledge of the duration of the incubation of rabies, it has been necessary to ascertain as closely as possible the limits of the latter. Mr. Renault patiently investigated this question, and the following is the result of his researches. In the course of twenty-four years, 131 dogs have been submitted to experiment by the Professor. All were either bitten in his presence, by rabid animals, or directly inoculated by himself with the saliva secreted by dogs affected with hydrophobia. In 63 cases, four months elapsed without morbid manifestations, and the animals were considered to have escaped contagion. Of the remaining 68 dogs, 31 became mad after the 40th day, and one on the 118th day, the others having been affected in progressively decreasing numbers in the intervening time. Hence Mr. Renault concludes that six weeks, the present period allotted to sequestration, is insufficient, and should be extended to sixteen weeks.

Academy of Medicine.—The question of drinkable waters is still agitated at the Academy with a considerable degree of animation. The result of the debate involves a decision of some importance to the city of Paris—viz., the expediency of bringing from Champagne to Paris of the waters of the river Dhuis, a costly and laborious undertaking, which appears to be all but decided. In the present state of things, water is supplied to the inhabitants of Paris from three sources, the Seine, the canal de Lourcy, which joins the Seine and Maine rivers, and the two artesian wells at Grenelle and Passy. The waters of the latter, and those of the small wells to be found in almost every house, are objected to on the score of insufficient æration, and those of the Seine and canal, on the score of impurity, and of variable temperature.

Mr. Robinet considers the æration of waters a matter of absolute indifference. Nine-tenths of the population drink well or spring water. The water supplied by the artesian well at Grenelle contains no gas but nitrogen, and is exclusively used at Necker hospital without any bad effects. He remarks, that the waters of ponds, although not ærated, and containing ammonia, are not injurious to animals. The presence of calcareous matter has not, in Mr. Robinet's opinion, the hurtful influence ascribed to it. The hydrometer sinks in Seine to 18 only it is true, but in the palace of Fontainbleau, the instrument marks 50°, and at Marseilles 50, 61, and 168, showing a very large amount of solid ingredient; yet the latter is the best water for table use in Marseilles.

Mr. Briquet cannot understand why, if the quality and composition of the water is so utterly indifferent, Mr. Robinet is so earnest an advocate of the expensive undertaking of the derivation of the Dhuis. At Rheims, when the inhabitants were in the habit of using exclusively spring and well water, bronchocele was extremely common, and has disappeared since the Marne-water has been substituted for public use. At Epernay, goître is common; Mr. Briquet, moreover, adduced the results of the military census in Champagne. In the course of one year, 83 soldiers were invalided

on account of the existence of goître; and yet it is from this very country that it is proposed to bring water, at an enormous outlay, for the consumption of the capital.

The debate is not concluded.

CLINICAL MEDICINE.

Noma.—At the hospital for Infancy, Mr. Bouchut has delivered several interesting lectures on ulcerative stomatitis. The disease is entirely unconnected with diphtheria, and consists in a molecular gangrenous destruction of the gums. It may invade the cheeks, tongue, and palate, and frequently acquires contagious properties. The diagnosis can in all cases be readily established. In the early stage, a narrow ash-coloured ulceration is observed at the margin of the gums, and gradually extends in length and in width. The sore is of a greyish colour, studded with red spots, bleeds readily, and is occasionally covered with a very thin membranous exudation. The breath is offensive, the flow of saliva copious, and the lymphatic glands beneath the maxilla are tender and enlarged. At a more advanced period, the teeth are loosened, and if the disease be not checked, drop out. Deep ulceration of the inner aspect of the cheek, of the tongue, and of the sulcus which separates the gums from the cheek, frequently follows. The aspect of the child is characteristic, and it may be stated as a general aphorism admitting of few exceptions, that when in a child, *the teeth are clinched, the lips parted, motionless, and bathed in fœtid saliva, ulcerative stomatitis is present.*

When through neglect or improper treatment, destruction of the gums has supervened, the maxillary bone may be exposed in a more or less considerable extent of its surface, and necrosis be the consequence. This serious contingency is fortunately of unfrequent occurrence, but it is not uninteresting to remark that the cases of necrosis which have come under Mr. Bouchut's observation, have more commonly been the result of this ulcerative disease of the gums, than of the apparently more formidable sloughing phagedæna of the mouth, called *cancrum oris.*

The modern discovery of the properties of a new remedial agent, chlorate of potash, has greatly exemplified the treatment. Formerly, cauterization with nitrate of silver, or muriatic acid, was invariably resorted to, a practice suggested by doctrine taught by Bretonneau, —viz., that ulcerative stomatitis is but one of the forms of diphtheria. This theory, as well as the treatment inferred from it, is now entirely exploded.

The local remedies should consist in frequent lotions or injections into the mouth with a decoction of marsh mallows, sweetened with honey, and local application should be made of a strong solution of chlorate of potash. Food, preparations of bark and iron, and cod-liver oil should at the same time be exhibited in order to support the system, and six grains of chlorate of potash moreover be administered every three hours in sugar and water.

Perinephric Phlegmon.—This formidable affection is fortunately not of frequent occurrence. We recently observed a case in Mr. Trousseau's wards. The patient was a young woman, aged 28, who after her confinement presented unmistakeable signs of abdominal inflammation in the right side, a tumour formed, and rapidly increased in size, and occupied nearly one-half of the abdomen; an incision was performed at the back, in the renal region, and a large quantity of matter escaped. The patient after a protracted convalescence eventually recovered. A similar case occurred in my own practice at the same time, and the gravity of the symptoms, together with the bold operation performed on the occasion by M. A. Guérin appear to me of a nature to interest your readers. The following are the leading circumstances of the case:—

Mrs. R., an English lady, aged about forty-two, of sound constitution, and the mother of several children, has resided many years in India; menstruation still recurs at irregular intervals, and is attended with some fair hedache and signs of general debility. Mrs. R., who is of a confined habit of body, was seized on the 5th of October, 1862, with violent pain in the back and right side; she was not feverish, and the bowels were constipated. Poultices and antibilious medicines were presented, but failed in giving relief. The pain become very intense in the right flank, and leeches were twice applied. On the 15th, a hard tumour was distinctly felt beneath the liver; it was then the size of an egg, and so tender that the least pressure occasioned extreme distress. During the movements of respiration, the tumour remained stationary, whilst the liver descended during the inflation of the lung, and ascended during expiration, a circumstance which plainly indicated that the liver and the tumour were entirely unconnected with each other. The pulse was frequent, the skin hot, irregular, rigors were complained of, appetite was absent, and thirst moderate. I requested Mr. Trousseau to visit the patient with me, and saline aperients, and poultices were persevered in, light food being at the same time allowed. On the 24th, the abscess had acquired the size of a head of a full-grown child, and occupied the whole of the right side of the abdomen as far as the umbilicus, transversely, and vertically reached to the ilia fossa. The skin of the renal region was œdematous, fluctuation was not apparent, and the propriety of surgical interference was now discussed. It was but too evident that unless the contents of the tumour were evacuated, the patient must sink, that the abscess might possibly open into the intestine, but that it was to be feared that the matter might become diffused into the abdominal cellular structures, and promptly induce fatal results. An operation was therefore resolved on, and its execution was confided to the skilful hands of Dr. A. Guérin. An incision four inches in length was performed in the triangular space between the obliquus externus and latissimus dorsi muscles. It was only when the knife had penetrated to a depth of one inch, that (the tumour being supported in front), the operator became sensible of the pressure of the fluctuation. One finger was inserted into the wound, and pushed through the thin portion which supported it from the abscess. Nearly a pint of extremely fœtid suppuration escaped; the secretion preserved for several days this offensive character, but gradually became creamy and less abundant. Great relief was at the same time experienced, convalescence steadily set in, the wound healed in the course of five weeks, and a complete cure has been ultimately effected.

D. McCarthy.

CASE OF LIGATION OF THE SUBCLAVIAN ARTERY.

By Hanford N. Bennett, M.D., of Bridgeport, Conn.

A young man, twenty years of age, residing in the town of Stratford, while playing with a lad, was accidentally stabbed with a long narrow knife, the point of which entered upon the posterior and outer surface of the left arm, a short distance above the insertion of the deltoid, passing directly upwards and inwards, a distance of at least three inches, the edge of the knife being turned towards and running close upon the bone. My friend, Dr. James Baldwin, of Stratford, was immediately called, as the hæmorrhage was profuse. Upon his arrival the patient was already faint from loss of blood, and it was not difficult at this time to arrest the bleeding. A roller was very judiciously applied the whole length of the limb, and a firm compress over the wound. This precaution was taken as the blood appeared to be arterial, and Dr. Baldwin is quite positive that at this time there was no pulsation in the radial artery, leading him to suspect that this vessel was wounded. The hæmorrhage remained quiescent several days, when it again broke out with renewed force, and unmistakably arterial. At this stage of the case I first saw the patient. The whole limb was now swollen, the arm being to a considerable extent infiltrated with blood, while the forearm and hand were œdematous. I proposed, before resorting to operative procedures, to try the application of persulphate of iron, which was approved by the attending physician, and the wound was filled with this powerful styptic — compression being continued as before. The hæmorrhage had now another period of quiescence, and the swelling of the limb materially lessened, but upon the eighth day after the application of the styptic, bleeding again commenced with still greater violence, and was with much difficulty arrested by compression. The limb immediately swelled again, and the œdema of the forearm and hand was greater than before. The patient was now suffering the constitutional effects of loss of blood —his face was blanched, his appetite poor, and his pulse frequent and feeble. I believed it high time to secure the patient from further hæmorrhage, if possible, and with this view proposed to ligate the subclavian artery. An attempt to tie the wounded vessel by following the incision (only three-fourths of an inch in width), would involve the muscles of the arm to an unwarrantable extent, and perhaps also important nerves. It was quite uncertain as to what artery had been severed or *wounded*, and the anastomoses about the the shoulder being quite free, I believe the ligation of the subclavian to be the most judicious method of treatment. I was not aware, either theoretically or *practically*, that the ligation of arteries at a distance from the seat of the wound, sometimes fails, the hæmorrhage returning after a longer or shorter period; but this fact seemed to me to indicate the tying of the artery at that point which would most effectually restrain the circulation.

"I proceeded to the operation (Oct. 12, 1862), assisted by Dr. Baldwin. No details are necessary, as the vessel was tied in the usual manner and place, just without the scaleni muscles. The infiltration of blood and the œdema disappeared almost entirely within forty-eight hours, and the temperature of the limb was easily maintained by an envelope of flannel. The ligature came off on the thirteenth day, the operative incision being nearly healed. The original wound also began to cicatrise, and was firmly closed at the end of three weeks after the operation. No pulsation is yet visible in the radial or ulnar arteries, although the man is in good health, and pursuing his ordinary avocation.

The London Hospital.—It is proposed to build a new wing to this hospital, at an estimated cost of about 6,000*l.* The generous support which has been accorded to this valuable institution on former occasions will no doubt be extended to its present requirements.

ON CHLORODYNE.

By W. E. Bowman, M.D., &c. &c.

Having employed this agent for upwards of two years and being much pleased with its effects as an anodyne and antispasmodic, I subjoin my mode of preparing the perchloric acid, and mixing the remedy, that those who do not now prescribe it from a determination not to countenance a patent medicine, or who are debarred from its use by the high price of the imported article, may be induced like myself to manufacture and give it fair trial.

Perchloric Acid.—Pour four ounces by weight of commercial sulphuric acid into an ordinary quart bowl, and add gradually one ounce of finely-sifted Chlorate of Potash. This operation should be performed in the open air, and the acid be kept lukewarm by placing the bowl in a vessel of hot water. It should not be stirred during the addition of the chlorate, which must be sprinkled in very carefully, and by small portions at a time, taking about an hour to add the whole of it; after which, half a teacupful of hot water is to be mixed with it, and the whole be allowed to rest for twelve hours, by which time the perchlorate of potash will be precipitated as a creamlike sediment, and the supernatant solution of the persulphate may be poured off. To this sediment, previously introduced into a retort or Florence flask, add an equal measure of sulphuric acid and half as much water, and, having attached a receiver, distil off the perchloric acid with a gentle heat. When the vapour of chlorine begins to rise, withdraw the lamp, add more hot water slowly and continue the distillation. This vapour shows the decomposition of the perchlorate from want of water. On emptying the receiver it will be found that what free chlorine may have passed over, lies on the top of the acid and does not contaminate it. Perchloric acid as thus prepared is a volatile liquid of a peculiar pungent odour and rather agreeable but extremely sour taste.

Chlorodyne.

℞ Acetate Morphia grs. xvj.
Chloroform fl. ℥ iss.
Oil Peppermint m. vj.
Tinct. Cannab. Ind. ʒ ii.
Perchloric Acid ʒ ii., and add
Tinct. Capsici ʒ j.
Scheele's Hydrocyanic Acid m. xxiv.
Treacle ʒii.
Strong Alcohol q. s. to make 4 fl. oz. in all.
Shake well until the morphine is dissolved.

The Perchloric Acid forms with the Morphine a jelly like mass which adheres firmly to the bottom of the vessel, not dissolving until the Tincture of Indian Hemp and alcohol have been added, when it speedily disappears.

The ordinary dose of this preparation is half a drachm, containing ¼ gr. Morphine, 11¼ M. Chloroform, ⅜ M. Hydrocyan. Acid, and 2 drops each of Perchloric Acid and Tinct. Cannab. Ind., with a taste of Peppermint and Capsicum. It should be poured into a little cold water when the patient is about to take it, as the Chloroform and Indian Hemp settle as a little bead at the bottom of the glass on standing a short time, and are thereby apt to escape being swallowed. When prescribed it is usually put up with syrup and directed to be well shaken.—'British American Journal.'

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, February 10.

Dr. Babington, President, in the Chair.

A report, by Dr. Jeffery A. Marston, Royal Artillery, upon SYPHILIS, IN ITS MANIFESTATIONS AS A CONSTITUTIONAL DISEASE, was communicated by Mr. Henry Lee.

After referring to a previous paper, the writer gave a short *resumé* of prevailing doctrines. Upon the subject of one attack of true syphilis affording an immunity against a second, the writer made some remarks illustrative of its general truth, to which, however, there were a few rare exceptions. Under this category he gave a case in which a soldier had been treated twice during eighteen months for indurated chancre. The writer next briefly adverted to the comparatively modern reaction relative to the contagious character of secondary syphilis. He then passed to the subject of secondary sores upon the penis, commencing either by a recrudescence in the cicatrix of a former sore, or upon some part not previously diseased. These he described under three heads:—1st. Such secondary lesions may commence as a circumscribed patch of purple or bluish redness, very slightly raised. from which the epithelium is shed, the surface becoming abraded, cracked, or covered with ill-formed and degenerating epithelial products. 2nd. This purplish-red spot, after becoming raised, takes on a chronic ulceration, similar to that of the scooped-out ulcers seen upon the tonsils. The first variety corresponds with, and often accompanies, a squamous or erythematous exanthem; the latter appears allied to the syphilitic tubercle, the ulceration of which plays so important a part in the evolution of syphilis in some subjects. The third variety appears as a persistence of the ulceration, or an unhealed condition of the chancre, which becomes transformed into a mucous tubercle, as described by Ricord. Of these he gave illustrative cases. Upon syphilitic infection, contracted from some other source than contact with a virus obtained from a primary lesion, the following were cited as in all probability instances:—1. A wife and two children. The former had syphilitic nodes and an ulcerating tubercle upon the lower extremity. Of the latter (who slept with her), one was an infant, in whom the disease was probably hereditary, though not congenial in its outward manifestations; the other was a girl of five years, with anæmia, non ulcerated sore-throat, engorged post-cervical glands, cutaneous syphilida of trunk, with psoriasis palmaris. All had very restless nights. The husband lived separately, and was healthy. 2. The subject of disease was a military servant, a married man, who suffered from secondary and tertiary symptoms after intercourse with a woman known to be constitutionally syphilitic. Attempts to trace any primary lesion in this man failed. 3. The infection of a female by labial contact with diseased secretions from secondary lesions upon the lips of a male. The disease so produced in the female commenced as an irritable and indolent fissure upon the mucous membrane of the lower lip. The writer next adverted to the evolution and succession of syphilitic symptoms as ordinarily witnessed among soldiers. Under the cutaneous affections, he particularly remarked upon the mixed character of these; the majority of cases partaking of more than one affection at the same time, and upon the same or different parts of the body. Although great modifications in the future health and efficiency of the soldier were, doubtless, the result of syphilitic infection, yet cases of the more severe and intractable forms of constitutional disease were not very common. With the view to prognosis, the writer said it was important to inquire, what relation, if any, has the severity of the primaries to those of the later symptoms? From a consideration of his own observations, he inferred that the following were as approximate expressions to the truth as the facts warranted:—1st. That the greater the induration, and the longer the period during which primaries remain unhealed, the more certain will it be that the constitutional infection will be severe. 2nd. That the amount of ulceration, etc., of the primary sore stands in some relation to the worse and more intractable forms of secondary lesions—*e.g.*, the pustular, erythematous, and rupitic eruptions—the unhealthy ulcerations, nodes, and gummatous tumours. The writer then passed to those cases in which there was an irregular evolution and succession of the stages and symptoms of syphilitic disease. Assuming that, when an indurated sore has been recognised, some specific treatment has been employed, and that soldiers are exposed to changes of climate, etc., we might infer, what is actually the case, that the constitutional symptoms would be irregular in their appearance and varied in their kind. As illustrative of his remarks, the author cited:—1. A case of Hunterian chancre unhealed at the end of three months, when syphilitic rheumatism and a node upon the left parietal bone appeared. 2. A case in which, three years after a sore upon the external integument of the penis, a soldier suffered from two attacks of jaundice, anæmia, nodes upon the tibiæ, synovitis of knee-joint, and rheumatism, without any history of secondary symptoms having been traced. 3. A case of repeated epileptic attacks, with violent pain in the head (upon which a node appeared), cured by specific treatment. The subject of the disease had suffered from repeated attacks of venereal disease, but not from any primary disease for two years and a-half previously. 4. A case of chronic dyspepsia, slight icterus, pseudo-epiplepsy, and paralysis of the third nerve. History of syphilitic attack two years before. Treated then by mercury. No history of secondary symptoms elicited by close questioning. 5. A case of osteocopic pains, paralysis of seventh nerve, followed by lichen and iritis, in a man undischarged from hospital for primary disease. 6. One of secondary syphilis, in which symptoms of intracranial inflammation appeared, followed by marked alteration of manner, loss of memory, dirty habits, etc. 7. Case in which there were—first, symptoms indicative of venous lymphatic absorption of pus, or some of the diseased products of secondary lesions; second, ocular disease, paralysis of third nerve, and other symptoms indicative of intracranial mischief. The writer adduced also other cases, and made some remarks upon the character and nature of these nerve lesions. As illustrative of the long interval which sometimes ensues between an attack of primary and secondary symptoms, he adduced the following:—8. Lepra, psoriasis, and syphilitic cachexia in a man who had not suffered from primary disease for nearly five years; he had been married for three, and his offspring were healthy. 9. Syphilitic cachexia, etc., in an infant, who died of the disease; the father not having had primary symptoms for four years, and having been subsequently the parent of one healthy child. The author then spoke of the occasional latency of

the syphilitic element, until some other disease or impairment of health appeared, which seemed to act as an exciting cause to its manifestation. He also remarked upon the modifications of diseases, or convalescence from them, that are sometimes, apparently, the result of a prior syphilitic infection. In support of the foregoing he gave some cases. The paper concluded by stating the experience of the author to show that the effect of the Mediterranean climate upon the syphilitic diathesis was very inimical during the summer months.

Mr. Solly said that it appeared to him, after the reading of the paper, that the anti-mercurial treatment of syphilis was now bearing its fruits in the remarkably frequent occurrence of secondary symptoms. When he was a pupil at St. Thomas's it was thought a disgrace to a surgeon that his patient should suffer from secondary symptoms. That was the period when mercury was mainly relied on in the treatment of the primary affection. Then the army surgeons said there was no necessity for the use of mercury, and the disease was treated without. He (Mr. Solly) might be wrong in attributing the present prevalence of secondary disease to the abandonment of mercury; but with respect to the facts there could be no doubt.

Mr. Holmes Coote said that there was difficulty in replying to an essay which embraced so many points as the paper which had just been read. He begged, however, to record his protest against the prevailing practices of including so very many diseases, without further and more stringent proof, in the category of constitutional syphilis. He had never met with cases of syphilitic pericarditis or peritonitis, nor did he understand syphilitic inflammation of the lungs. That persons who had suffered from syphilis might be the subjects of such affections there was no doubt, but he saw no relation between the two. Respecting the treatment of primary syphilitic sores, he entertained no doubt, in the first place, that mercury was unnecessary in by far the greater number of cases; in the second place, that when administered, even in the best selected cases, that mineral afforded no security against the occurrence of secondary symptoms. He thought that the use of mercury was to enable the surgeon to expedite the healing of an indurated chancre. It mattered not at all whether it were administered by the mouth, or, as in the fashion of the past times, by inunction. The occurrence of secondary symptoms, or rather, he should say, of constitutional symptoms (for secondary and tertiary symptoms by no means invariably preserved their numerical relations), was greatly influenced by the habit and position of the patient. The immunity of the convicts at Gibraltar from such disease was only an instance of what temperance and healthy avocations would effect. Among the people of the Levant, who are certainly abstemious, syphilis in any form is uncommon. He had taken some pains to ascertain at St. Bartholomew's Hospital the relative frequency of constitutional syphilis among those who had and those who had not taken mercury for the treatment of the primary sore, and he should say that, *cœteris paribus*, the returns were equal.

Mr. Spencer Wells defended his old associates in the Navy, and their brethren in the Medical Department of the Army, from the charge implied in the remarks made by Mr. Solly. It would be most unjust if a statement were to go forth from that Society without contradiction, that the prevalence of secondary syphilitic disease in the public service was the fruit of the disuse of mercury by Army and Navy Surgeons in the treatment of the primary sores. There was no foundation for any such charge. It is to the Army and Navy Surgeons that we are indebted for much of the knowledge we possess of the pathology and treatment of syphilis. Soldiers and sailors are under the observation of their Surgeons for many years, and the rules of the services require that records of all cases of illness must be preserved; so that Army and Navy Surgeons have far better opportunities of observing the final result of their treatment than can often be found in private practice or in civil hospitals. Thus, as syphilis is so very common a disease in the services, a greater number of facts has been collected to determine the true influence of mercury upon syphilis than can be obtained with regard to any other Medical question with the exception, perhaps, of vaccination. These facts, carefully observed and accurately recorded, and numbered by many thousands, prove not only that mercury is unnecessary for healing primary sores, but that it actually retards the cure of the common or non-indurated sore, although it hastens the healing of the indurated sore, or true Hunterian chancre. And they prove not only that mercury is no preservative from secondary symptoms, but that the frequency and severity of the secondary symptoms are increased in direct proportion to the quantity of mercury used, and that many of the more formidable varieties of tertiary disease are caused, not by syphilis, but by mercury. The true use of mercury in small quantities in the treatment of the primary indurated sore, and in some forms of secondary disease, is well understood in the Army and Navy,—its failure in preserving from secondary symptoms is better known than it is in civil practice; and it would be most unjust to blame gentlemen because they had ceased to follow a mode of treatment which ample experience has proved to be not only useless but injurious.

Mr. Wyatt did not understand that Mr. Solly cast any reflection on Army Surgeons, but merely stated the fact, that when primary sores were not treated with mercury, secondary disease was more common. He (Mr. Wyatt) differed from Mr. Coote in respect to the influence of syphilis on pulmonary disease; he had seen it modified by syphilis on many occasions. This influence he had observed in several other diseases.

Dr. O'Connor said it was a delusion to suppose that a blood disease like syphilis was purely Surgical, and he had no hesitation in stating that nearly all the mischief resulting to patients who were the subjects of primary syphilis was owing to their being supposed to be cases requiring only Surgical interference. This would account for the errors in treatment which Mr. Coote seemed to labour under. Notwithstanding the large field for observation at St. Bartholomew's Hospital, he (Dr. O'Connor) had quite as extensive opportunities at the Royal Free Hospital, where he had seen a vast number of patients the subjects of syphilitic diseases of the nervous centres and internal organs. Mr. Coote doubted the existence of such forms of constitutional syphilis, although they had been for years written on by many truthful authors, including Drs. Graves, Stokes, Todd, and Read. He had himself placed on record many interesting cases of paralysis and epilepsy depending on syphilitic origin. Dr. O'Connor related the particulars of cases of syphilitic diseases of the liver, lungs, ovaries, and cases of syphilitic menorrhagia, which had come under his care, and all of which he treated successfully. He was of opinion that there was no blood poison that so extensively influenced the true nature of disease at the present day as the existence of constitutional syphilis. That condition he believed to be due either to non-mercurial or imperfect mercurial treatment. He contended that what was good in the treatment of syphilis was mercury, and what was not good was not mercury; when to use and when to discontinue it was the great desideratum in the treatment of syphilis. The insoluble preparations of mercury he believed to be the most efficient, used externally by inunction, internally, or in the form of suppositories. Iodide of potassium he believed to be valueless as an anti-syphilitic remedy, but much benefit was derived from its use after a proper mercurial treatment, in promoting the elimination from the tissues of the insoluble preparations of mercury already partially acted on by the juices of the body. Besides, iodide of potassium was a prophylactic to tertiary symptoms. It was supposed by some that syphilis was communicable from a wet nurse to her nursling without the presence of an eruption. He was of a contrary opinion; many cases had been under his care where the disease was communicated by the milk and saliva, and he related the particulars of one case, a patient at the Royal Free Hospital during the last year.

Mr. Solly had no wish to cast a slur on either navy or army surgeons. The matter before them was one of opinion, and was open to discussion.

Mr. Coote did not dispute the statements made by the author; but he contended that we required more stringent evidence than he had given as to what was or was not syphilitic. The effects of mercury, as spoken of, were not sufficient tests. He was not prepared to admit the occurrence of the internal syphilitic diseases enumerated by the author.

Mr. Hilton regarded the paper as an able one; but there were so many complications in the treatment of the cases, and so much depended on change of climate and other causes, that it was difficult to deduce any direct opinion from the facts presented. What did Mr. Solly mean by the non-mercurial treatment now bearing its fruits? Did he refer to the general treatment of syphilis thirty years ago in the army by nitric acid? He thought that it had been proved by that practice, that there were fewer cases of secondary affection than when mercury was indiscriminately employed. He (Mr. Hilton) thought the great error in the treatment of the disease at the present time was the complication of remedies employed; so that it was really difficult to determine what symptoms were the results of the disease and of the remedies respectively. Mercury, properly administered, was the best treatment in syphilis; but, when given internally, it must not be allowed to interfere with digestion, or it would do harm by setting up irritation—a very common effect when mercury was given in a routine way. He preferred the treatment by inunction. Small quantities of mercurial ointment, such as five or ten grains, rubbed in night and morning, were sufficient to produce the specific effect of the remedy, and cure the disease in almost every case. His (Mr. Hilton's) hospital experience of the disease differed from that mentioned by Mr. Coote. He found that most of the cases admitted presented complications, the result of improper treatment, the administration of mercury by the mouth, variety of remedies, and carelessness in regard to diet. When mercury was administered by the skin, it was not necessary that the same great care as to changes of temperature, &c., should be observed. Complications arose from improper treatment, which served to confuse that which in reality was a simple disease.

Dr. Webster said, although Physicians were sometimes considered as no great authorities in reference to syphilis, he would nevertheless remark that this disease was occasionally assigned in asylum reports as a cause of mental alienation. Indeed, one of the cases described in the paper read formed a good illustration. Some observers believed such a sequence was by no means uncommon,

especially among persons hereditarily predisposed. On that point he would appeal to Dr. Wood, then present, who, having had much experience in mania, was in a position to answer the inquiry. Respecting another question—namely, whether climate ever exercised any influence—he (Dr. Webster) did not wholly agree with the author; nor in the deduction implied, that hot summer weather aggravated syphilis and rendered it more common compared with a cold temperature. In support of an opposite opinion, Mr. Coote had just mentioned its rarity at Smyrna; while he (Dr. Webster) would assert, after lately visiting Spain and Portugal, notwithstanding the malady was rife in those countries, it did not appear either more severe or more general than throughout northern regions. For example, at St. Petersburg and Moscow syphilis prevailed quite as inveterately as the author had noticed in warm, moist, Mediterranean climates. To Stockholm similar remarks applied, as, likewise, to other large towns in the north of Europe, where the disease seemed both as prevalent and marked in symptoms as elsewhere. Regarding this fact, a recent report presented to the Norwegian government might be quoted, which stated that in Christiana 3,560 individuals—all being from the lower ranks—were admitted into the hospital appropriated for syphilitic patients during the last thirty years. But as the above number did not include persons analogously affected who belonged to other classes of society, nor those treated at their domiciles, that official statement proved the frequency of syphilis in that northern city, which contains only about 35,000 inhabitants. Thinking the circumstance might be interesting to British practitioners, Dr. Webster added that at the Venereal Hospital of Moscow, the non-mercurial treatment was not much in favour with the Medical officers, who chiefly relied upon mercury for effectually curing true chancre and its consequences.

Dr. Wood said that, during the time he was at Bethlehem, cases, he believed, were occasionally admitted which were stated to have been caused by syphilis; but he could not be quite positive on the matter. Since he had been Physician to St. Luke's, no case had been admitted in which alienation was attributed to syphilis. It was very rare indeed to find insanity produced by that disease. It might tend to the production of insanity no doubt, by its exhaustive influence on the system, as did other exhaustive diseases; but it did not, he thought, act as a direct cause.

Mr. Solly regarded the most successful treatment of syphilis as that by inunction. He believed that the greater success of treatment at St. Thomas's over St. Bartholomew's was to be explained by the fact, that in the former the mercury was administered by the skin, and in the latter by the mouth. It was difficult to say what was the real amount of secondary symptoms in his hospital patients; but in his private practice it was certainly very small.

Mr. Coote said that the inunction system was only the old fumigation plan revived. The results were equally good in whatever way mercury was administered, provided proper care and discrimination in its employment were exercised.

Births, Marriages, and Deaths.

BIRTHS.

Adams.—On the 11th inst., at Laugloan, Coatbridge, Lanarkshire, the wife of C. Adams, M.D., of a daughter.

Brinton.—On the 13th inst., at Brook street, Grosvenor square, the wife of William Brinton, M.D., of a son.

Cregeen.—On the 17th inst., at Plough road, the wife of J. J. Cregeen, M.D., of a daughter.

M'Intyre.—On the 10th inst., at King's park place, Glasgow, the wife of Dr. J. M'Intyre, of a daughter.

Pout.—On the 8th inst., at Yalding, Kent, the wife of A. Pout, M.B., of a daughter.

Shaw.—On the 15th inst., at Meissen house, Upper Clapton, the wife of A. R. Shaw, M.D., of a son.

MARRIAGES.

Hare—Wood.—On the 14th inst., at Hanover square, E. Hare, Surg.-Major H.M.'s Indian Army, to Mary Ann, only child of R. Wood, Esq., of Albion road, St. John's wood.

Sprague—Chalkea.—On the 2nd inst., at Ashburton, C. G. Sprague, M.R.C.S.E., to Sarah Cosens, only daughter of James Chalker, Esq.

Saunders—Jeffery.—On the 5th inst., at Lustleigh, G. J. Symes Saunders, M.B., to Laura, second daughter of E. Jeffery, Esq.

Wyllie—Carruthers.—On the 10th inst., at Kirkpatrick-Durham, A. Wyllie, M.D., of Walsall, to Margaret Johnston, eldest daughter of George Carruthers, Esq., of Durham hill.

DEATHS.

Campbell.—On the 10th inst., at Cawdor place, Oban, Arch. Campbell, M.D., of Lerags, aged 51.

Doak.—On the 5th inst., at St. Giles street, Oxford, W. Doak, Surgeon, aged 68.

James.—On the 11th inst., at Merthyr, Job James, Surgeon, J.P. for the Borough, formerly Surgeon R.N., aged 75.

Little.—On the 9th inst, J. Woodward Little, Student of Medicine, of Hyde, Cheshire, aged 19.

Thomas.—On the 15th inst., at Ladbroke place West, Notting hill, John Thomas, M.R.C.S.E., formerly Resident Medical Officer of Bethlehem Hospital.

MEDICAL NEWS.

Royal College of Physicians of London.—At a General Meeting of the Fellows, held on Monday, February 16, the following gentlemen, having undergone the necessary Examination, and satisfied the College of their proficiency in the Science and Practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—John James Barrett, 29 Merrick square; Joseph James Henry Bartlett, Ladbroke lodge, Notting hill; Hermann Biegel, M.D., 19 Woburn place, Russell square; Charles Blatherwick, M.D., Highgate; Richard Luscombe Elliot, Kingsbridge, Devon; Anastasius Joannides, M.D., 43 Chepstow place, Bayswater; William Jones, Ruabon; Washington Lovegrove, 34 Dowgate hill; and George Padley, Swansea.

Royal College of Surgeons of England.—The following gentlemen, having undergone the necessary Examinations at a meeting of the Board of Examiners in Dental Surgery on the 18th inst., received the Diploma of Qualification to practise the Art and Science of Dental Surgery:—James Gabriel Surenne, M.D. Edin., Heriot row, Edinburgh; Edwin Holboro Green King, Portsmouth; William Vanderkemp Moore, Plymouth; John Hewitt Hatfield, Lloyd square, Pentonville; Geo. Frederic Fox, Gloucester; Edwin Cox, Chapel street, Preston; Samuel Amos Kirby, Huntingdon; John Henry Brown, Brighton; Henry Robt. Rowe, Preston, Lancashire; and John James Helford, Princes street, Cavendish square,

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, February 12, 1863:—Francis James Ryder, Royal Kent Dispensary; Thomas Osmond, Thorpe-le-Soken, Essex; Isidore Bernadotte Lyon, 20 Euston square; Arthur Beadles, Broadway, Worcestershire; George Granville Bothwell, Ruthmullan, Ireland; and Thomas Edward Williams, St. Bartholomew's Hospital.

The following gentleman on the same day passed his first examination:—Alexander James Low, St. Bartholomew's Hospital.

Anthropological Society of London.—We hear that the above young society is already so far in a flourishing condition as to be able to hold its first meeting on Tuesday next, the 24th inst., at 4 St. Martin's place (7.30 pm.), when an introductory address will be delivered by Dr. James Hunt, F.S.A., President.

Noble Munificence.—Miss Rosa Francea Lewis, of Cadogan place, the only daughter of the late Mr. W. T. Lewis, the celebrated comedian, and part proprietor of Covent Garden Theatre, has left nearly 15,000*l.* to charitable institutions, and has not forgotten some of our Medical institutions, having bequeathed to St. George's Hospital, 200*l.*; the Hospital for Consumption at Brompton, 200*l.*; the Asylum for Idiots, 100*l.*; the Lying-in Charity, Liverpool, 200*l.*; the Infirmary, Brownlow hill, Liverpool, 200*l.*; and the Dispensary, Vauxhall road, Liverpool, 200*l.* By the death of this estimable lady a sum of 10,000*l.* and a portrait of her father by Sir Martin Shee reverts to the National Gallery.

Russell *v.* Adams.—The case of Russell *v.* Adams is creating considerable attention in Professional and general circles, owing to the equivocal character of the verdict for the defendant. On Wednesday afternoon an influential preliminary meeting was held at No. 5 Cavendish square, John Brady, Esq., M.P., in the chair, at which a resolution was unanimously passed, calling a public meeting, and inviting members of the learned professions and the public to take into consideration the best means to suppress the increasing practice of attempting to extort money by false charges. A resolution was also passed, electing a general and executive committee. The following gentlemen were present:—W. Coulson, Esq., Berlase Childs, Esq., J. B. Brown, Esq., J. F. Clarke, Esq., Haynes Walton, Esq., Dr. Markham, Spencer Wells, Esq., W. Harvey, Esq., G. Lawson, Esq., Dr. Leared, Dr. Wynn Williams, Dr. Dick, H. Thompson, Esq., W. L. Leaf, Esq., H. H. Cannan, Esq., John Churchill, Esq., Ernest Hart, Esq., J. Tomes, Esq., S. S. Scriven, Esq., Dr. Brown-Séquard, John Chapman, Esq., W. F. Low, Esq., Dr. A. L. Fisher, Erasmus Wilson, Esq., Dr. Bloxham, John Gay, Esq., John Erichsen, Esq., Dr. Cape, Dr. Ross, &c., &c. The following executive committee was also elected:—The Chairman, John Brady, Esq., M.P., M.D.; John B. Walker, Esq., 17 Clifton gardens, W., Hon. Secretary; W. L. Leaf, Esq.; Benjamin W. Richardson, Esq., M.A., M.D.; J. Dangerfield, Esq.; Mr. Sheriff Jones; T. Spencer Wells, Esq., F.R.C.S.; H. H. Cannan, Esq. The proceedings of the meeting were enthusiastically received, and terminated with a vote of thanks to the chairman.—'Medical Times and Gazette.'

The Carmarthen Lunatic Asylum.—Thirty-two building firms have sent in tenders for the erection of this building, ranging from 24,950*l.* to 45,944*l.* The lowest tender, that of Messrs. Pollard, Taunton, and Co., was accepted.

Proposed Hospital at Sherborne.—The Yeatman Memorial Committee have proposed to found an hospital at Sherborne. An influential meeting was held on Friday last, when the Committee decided on adopting prompt measures for carrying this intention into effect.

Essex-hall Asylum for Idiots.—Sir Morton Peto, M.P., has offered the whole of the Essex-hall property as an asylum for idiots, at one-third of the cost price, on condition that subscriptions be raised for the purchase. The completion of the purchase may stand over for three years, if wished. A large amount has already been subscribed.

Oxford University.—Mr. F. C. G. Griffin, Weymouth, B.A. Lincoln College, has been elected to the Radcliffe Travelling Fellowship.

The South Devon and East Cornwall Hospital is being enlarged by the erection of a new wing, at an estimated expense of 2,300*l.*, of which 1,000*l.* has been already raised. 500*l.* has been appropriated from the permanent funds of the institution, leaving 700*l.* still to be provided by public subscriptions. At the last annual meeting all the medical officers were re-elected for a further period of five years.

Health of Rotherham.—Scarcely had the late fatal epidemic subsided ere another, less fatal but as widely spread, has taken its place. In November last several persons were attacked with jaundice, and now not less than 150 persons are suffering from it. None of those who were attacked by the late fever are suffering from the present epidemic.

Coroners' Inquests.—From a return just published, it appears that during the year 1861 and the first six months of 1862, 5,113 coroners' inquests were held in England and Wales. Of these the metropolitan district had by far the largest share, 1,549; the next largest, Lancashire, having 758. In one county, Merioneth, no inquest was held; in Cardigan and Pembroke respectively only one took place, in Radnor two, and in Rutland five.

Scottish Medical Protection Association.—A meeting of the medical profession was held at Glasgow on Friday the 13th instant, "to consider what should now be done in reference to procuring a repeal of the law under which the profession in Scotland are compelled to grant certificates of the cause of death of their patients," which resulted in the formation of the above Association. Dr. Thompson was appointed President, Dr. Walker Secretary, and Dr. M'Carron Treasurer.

Hospital Changes.—The impending appointment of Mr. Spencer Smith to the full Surgeoncy in charge of in-patients at St. Mary's Hospital, consequent on the retirement of Mr. Coulson, will cause a vacancy in the surgical staff of that institution. It is understood that Mr. G. G. Gascoyen, at present Lecturer on Anatomy and Dean of the Medical School of St. Mary's, and Surgeon of the Lock Hospital, will be a candidate to fill the vacancy, and as his claims are of a paramount nature for the appointment, his election will probably be unopposed. The election of Dr. Burdon Sanderson, Assistant-Physician at Middlesex Hospital, has caused a vacancy in the chair of Medical Jurisprudence in the St. Mary's School, for which Dr. Randall has announced himself a candidate.

Appointments.—Samuel M. Bradley, M.R.C.S. Eng., has been appointed Physician's Assistant at the Manchester Royal Infirmary.—Thomas Lewis Britain, M.D. Edin., has been elected Assistant House-Surgeon to the Chester General Infirmary.—William Coulson, F.R.C.S. Eng., appointed, by his Royal Highness the Prince of Wales, Sheriff of Cornwall.—George Cowell, M.R.C.S. Eng., has been appointed Surgeon to the St. George's and St. James' Dispensary.—Andrew Dunn, M.D. Edin., has been appointed Ordinary Medical Officer to the Public Hospital, Jamaica.—Alexander Fiddes, F.R.C.S. Edin., has been appointed Ordinary Medical Officer to the Public Hospital, Jamaica.—D. Forbes, M.D., has been appointed Surgeon to the Glasgow Lock Hospital.—Henry Gervis, M.D. Lond., has been appointed Assistant-Physician to the Surrey Dispensary.—Keith N. McDonald, L.R.C.S. Edin., has been appointed Resident Medical Officer to the Eastern Dispensary, Bath.—Frederick Mason, L.R.C.P. Edin., has been appointed Surgeon to the Bath Eye Infirmary.—Thomas William Nunn, F.R.C.S. Eng., has been appointed Surgeon to the Middlesex Hospital.—T. J. Schollick, M.R.C.S. Eng., has been appointed Resident Medical Officer to the Guildford and West Surrey Dispensary.—Moritz Stern, M.R.C.S. Eng., has been appointed Resident Medical Officer and Medical Registrar of the Public Hospital, Jamaica.—William Frederick Teevan, F.R.C.S. Eng., has been appointed Third Surgeon to the West London Hospital.—William Watson, M.R.C.S. Eng., has been appointed Honorary Surgeon to the Lancashire General Dispensary and House of Recovery.

APPOINTMENTS FOR THE WEEK.

Wednesday, February 25.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal College of Physicians, 5 p.m.—Gulstonian Lectures: Dr. Pavy, "On the Amyloid (so-called) and Fatty Degenerations;" Hunterian Society, 8 p.m.—Mr. Hutchinson, "On Herpes Zoster, a Pathological Riddle."

Thursday, February 26.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m. Prof. Frankland, "On Chemical Affinity;" National Hospital for the Paralysed and Epileptic, 4 p.m.—Dr. Brown-Séquard, "On the Diagnosis and Treatment of the Various Forms of Paralysis and Epilepsy;" Royal College of Surgeons of England, 4 p.m.—Prof. Huxley, "On the Classification and Characters of the Principal Groups of the Animal Kingdom;"

Friday, February 27.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Physicians, 5 p.m.—Gulstonian Lectures:—Dr. Pavy, "On the Amyloid (so-called) and Fatty Degenerations;" Royal Institution, 8 p.m.—Mr. John Lubbock, "On Ancient Lake Habitations of Switzerland."

Saturday, February 28.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Max Muller, "On the Science of Language;" Royal College of Surgeons of England, 4 p.m.—Prof. Huxley, "On the Classification and Characters of the Principal Groups of the Animal Kingdom."

Monday, March 2.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.; Medical Society of London, 8½ p.m.—Lettsomian Lectures: Mr. Thomas Bryant, "On the Diseases of the Osseous System, and on Tumours, &c."

Tuesday, March 3.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.; Royal Institution, 3 p.m.; Royal College of Surgeons of England, 4 p.m.—Prof. Huxley, "On the Classification and Characters of the Principal Groups of the Animal Kingdom;" Anthropological Society of London, 7½ p.m.; Pathological Society, 8 p.m.

BOOKS RECEIVED FOR REVIEW.

A Systematic Handbook of Volumetric Analysis. By Francis Sutton, Esq., F.C.S. London: John Churchill and Sons, New Burlington street.

Stammering and Stuttering, their Nature and Treatment. By James Hunt, Ph.D., F.S.A., F.R.S.L., &c. Fifth Edition. London: Longman and Co.

NOTICES TO CORRESPONDENTS.

Mr. Griffin.—Received and inserted.

J. S.—We are unacquainted with the exact nature of the composition of chlorodyne; but it is probable that the imitations of it approach its composition very closely.

Chirurgus will be pleased to know that Mr. Adams has received the warmest sympathy of his professional friends, and that a meeting is to be called to vindicate his honour.

Homunculus.—It is unquestionably the duty of every Board of Guardians to carry out the Consolidated Order in its integrity.

Dr. S. H.—It shall be attended to.

Mr. Johnson is thanked.

Veritas.—We do not think that the publication of an anonymous letter on the subject would answer any useful purpose. Mr. Gulliver has shown a manly spirit, and can no doubt justify all he has uttered. Perhaps, the worshippers and copyists of German authors feel hurt, and may eject their bile over the columns of a contemporary. What of that? The ignorance of our old physiological literature in this country is surprising and lamentable. There are many young men flush with German discoveries, who are ignorant of the old English facts that preceded them. Thus reputations are made. A paper at a Medical Society, or a page in a contemporary journal filled with theories about protoplasms and cytoblasts, and the names of Kölliker, Schleidan, Schwann, Schroeder, Van der Kolk, Nasse, Henle, &c., &c., is enough to found a modern reputation, and a second paper to establish it. Such writers and talkers are merely "German trumpets."

A Subscriber.—No member of the profession called in to consult is at liberty to visit a patient a second time without the presence of the ordinary medical attendant. It is quite wrong.

A Querist.—Write to the Director General of the Army Medical Board.

M.R.C.S. and L.A.C.—It is legal, but not just.

X. X.—1st. Certainly.—2nd. We should think so.

Medicus.—The University of St. Andrews' have the power, but are limited to the grant of ten such degrees annually.

A Subscriber says "I have long taken in the Circular as a Summary of the News, as to me in large practice the perusal of all the journals is an impossibility. I have taken no notice of 'the letters Depreciatory,' but am one of those who believe that the Edinburgh College of Physicians, and the St. Andrews' University have done the Profession a lasting good by breaking up the rascally monopoly which has attempted to altogether exclude from consulting practice, those earnest workers and able men who happen to have begun life as general practitioners. The pretensions of the *Hospital* practitioners are a *great sham*,—as there is no better field for a young man than general practice,—and out of these ranks all the higher ranks (if higher there be,) should be filled up. These Boards have enabled 'the practitioner' to rise, by giving him a proper title."

Mr. J. G. Smith.—Your friend is quite right. You can only claim according to your qualification.

Dr. Hearne.—Received.

ACADEMY OF MEDICINE.

DEBATE ON DRINKABLE WATERS—EFFECTS OF THE LIQUOR, 'ABSINTHE.'

The sub-committee appointed by the Academy of Sciences to pronounce on the results of the competition of 1862, for the Montyon prizes in Medicine and Surgery, proposes through the medium of its reporter, Professor Andral, the award of three prizes and of several good mentions. The prizes were adjudged to Messrs. Cruveilhier, Lebert, and Frerichs; the mentions to Messrs. Larcher, Cohn, Dolbeau, and Luys.

The three prizes are chiefly granted for researches on the subject of morbid anatomy, and we are happy to notice at the head of the list the name of our venerable master, Prof. Cruveilhier.

It is, as Mr. Andral remarked, a notorious fact that among the laborious investigators who, following in the path traced out by Bichat, Dupuytren, and Laennec, have most effectually contributed to the advance of this branch of Science in France, Mr. Cruveilhier is, perhaps, the most eminent. He has devoted a life-time to the study of morbid anatomy, and has recorded the results of his observation in manifold publications, which are for the most part compounded with materials of his own gathering. Thus, we may notice a host of papers and memoirs, several of which have attained the popularity of classical text-books, and have introduced to the knowledge of the profession scientific discoveries now fully demonstrated. We may quote in illustration, the papers on gelatiniform softening of the stomach; on simple chronic ulcer of the same viscus; on the hepatic changes consequent on cirrhosis; on secondary abscess of the liver after wounds and operations; on lobular pneumonia; on phlebitis, discriminated for the first time by Mr. Cruveilhier in two varieties, the adhesive and the suppurative, a distinction of paramount importance; on the morbid changes induced by the injection of mercury into the trachea or veins of animals; on the presence of pus in the lymphatics of women who die after parturition; on the atrophy of the anterior roots of the spinal nerves in cases of muscular paralysis unattended with loss of common sensation; on fibrous growths of the breast; on callus, a memoir of experimental physiology, which is still the most valuable work of reference on the subject, etc.

Mr. Cruveilhier has published two extensive works on morbid anatomy; the first, in two folio volumes, is the result of twelve years' increasing labour, and consists in an immense collection of cases observed by himself, and illustrated by carefully designed engravings. No similar undertaking had previously been attempted in France, and the publications which had been before brought out in Germany, in Italy, and in England, cannot compete with these volumes, either with respect to the abundance or scientific value of their contents.

The sub-committee also invited the attention of the Academy to another work by the same author, on *general morbid anatomy* (five vols. 8vo.). Here, as in the various productions of the Professor, the discriminating talents of the observer, and ablo experimentalist are fully displayed, and another quality is apparent, which, from the nature of Mr. Cruveilhier's previous inquiries, had been hitherto kept in the background—viz., a remarkable power of sagacious and skilful generalisation. This treatise supplies a methodical description of all the anatomical changes, to which the human body is liable from the progress of disease, or the occurrence of external injuries, separated into classes, orders, genera, and species, and viewed apart from the affections by which they have been induced. In Mr. Cruveilhier's opinion, these changes should be systematically classified, in order that it may be possible to deduce from their arrangement the principles of a science endowed with facts, laws, language, and method peculiarly its own, *the science of the genera and species of morbid anatomy.* To attain this object, Mr. Cruveilhier has been compelled to draw upon four sources of knowledge—viz., anatomy, vivisection, chemistry, and microscopic investigation.

Labours so extensive and important well deserved Academic honours, and a prize of 100*l.* has been adjudged to the author.

While Mr. Cruveilhier was engaged in guiding morbid anatomy along the path indicated by the general tendency of his works, that science, the creation of Bichat, and designated in Germany by the appellation of histology, was carefully studied in its bearings on pathology. Mr. Lebert, professor of clinical medicine at the University of Breslau, who for many years resided in Paris, is foremost in microscopic researches, and impersonates this new stage in the history of micrographic morbid anatomy, during which this recent scientific acquisition has become a most important branch of medical knowledge. The comprehensive work, for which this learned observer has been recompensed by a prize of 80*l.*, consists of two folio volumes of text, and two folio volumes of splendid illustrations of morbid anatomy of natural size, and as viewed with the microscope. "In this respect," says Mr. Andral, "no other publication can be compared with the present."

A third prize of 80*l.* has been awarded to Mr. Frerichs for his important treatise of diseases of the liver, a production which throws much light on the anatomical changes which induce, and the symptoms which characterize these affections.

Honourable mention, together with a substantial award of 60*l.*, was granted to Mr. Larcher for his memoir on *the natural hypertrophy of the heart during pregnancy.* The author asserts that this hypertrophy exclusively occupies the left ventricle, and keeps pace with the enlargement of the womb. The Academy, before admitting this singular statement as a demonstrated fact, proceeded to an inquiry which has established the correctness of Mr. Larcher's views. At La Maternité, Mr. Ducrest ascertained that the average thickening of the walls of the left ventricle was of one-third, and at La Charité, Mr. Zambaco, Mr. Béraud at La Maternité, and Mr. Blot at the hospital of the School of Medicine, have further confirmed by their reports the accuracy of Mr. Larcher's observation.

Mr. Cohn's memoir, a remarkable monograph on emboli, received the second mention, and a recompense of 60*l.* was handed to the author. This paper, which we intend to revert to on another occasion, has, says the report, rendered eminent service to science and to practical medicine.

A further prize of 64*l.* was further divided between Messrs. Dolbeau and Luys, the first for an excellent memoir on epispadias, the latter for a minute inquiry into the anatomical structure of the spinal cord, bulb, pons varolii, and cerebellum.

In addition to the preceding, good mention was made of the researches of Messrs. Ollier and Langenbeck, on the preservation of the periosteum in autoplastic operations; of Mr. Fonssagrive's volume on the hygiene of the sick and convalescent, and of Mr. Bourgeois's (of Etampes) paper on carbuncular affections.

"In its report on the results of the competition in 1860," said Mr. Andral, "the sub-committee pointed out to the attention of the academy an interesting paper by Mr. Raimbert, on the carbuncular affections prevalent in La Beauce. The importance of an inquiry into the pathology of this class of diseases, induces the sub-committee to notice the researches instituted in the same part of France, by Mr. Bourgeois, Inspector of Epidemics in the district of Etampes. Mr. Raimbert's researches are, perhaps, more precise in an anatomical aspect, and it is but fair to acknowledge that he is the first who has invited attention to the malignant, or carbuncular œdema alluded to in Mr. Raimbert's work."

— Although the executive has decided the question of spring *v.* river waters in favour of the former, the discussion on this interesting point of public hygiene continues at the Academy of Medicine with undiminished energy.

The debate originated in a report presented by Mr. Poggiale on a paper by Mr. Lefort, on *the aeration of waters, and the comparative importance of the presence of carbonic acid, nitrogen, and oxygen, in drinkable waters.*

According to Mr. Poggiale, water, intended to be used as a beverage, should be transparent, colourless, aerated, and of a cool and pleasing taste. Its temperature should be about 50 or 60°. The presence of carbonic acid is as necessary as that of nitrogen and oxygen, and in moderate quantities is indispensable to the wholesomeness of water. This acid should, however, not be in excess, as the liquid would then contain

very little oxygen, and a large amount of carbonate of lime. The springs issuing from chalky, sedimentary rocks should, therefore, be preferred to those arising from crystallised formations, because the former, from their protracted exposure to the air, hold in solution the greatest possible amount of oxygen, nitrogen, and carbonic acid, and contain a sufficient proportion of carbonate of lime to admit of the perfect dissolution of soap. Mr. Poggiale agrees with Dupasquier, and the other exponents of purely chemical theories, in asserting that drinkable waters should contain a certain quantity of saline ingredients. "Water," says he, should mark from 10 to 21° of the hydrometer, and include in its composition *a sufficient amount of saline matter to assist ossification;* it should contain a large quantity of alkaline and earthy bicarbonates than of sulphate of lime, and its constitution should, throughout the year, be unvarying."

Mr. Poggiale expresses himself as follows on the comparative excellence of spring and river water :—

Spring water is generally translucid at all seasons, whereas, river water is often turbid, especially when the rivers attain their utmost height. The former are always cool, the latter tepid and nauseous in summer. Now, the difficulties which attend the cooling and filtering of considerable masses of waters are such, that for the consumption of large cities, spring waters should be preferred when the supply is adequate, when they are sufficiently aerated, and when their chemical composition resembles that of river water. It is, however, indispensable to adopt a plan similar to that in course of execution for the Dhuis, and to conduct the spring water from its source to the reservoirs from which it is to be distributed, in wide, airy, and covered aqueducts, in order that it may preserve its coolness, be saturated with oxygen and nitrogen, and be protected from the effects of bad weather.

All impartial observers agree that rain water is the prototype of drinkable water, and Mr. Jolly, one of the most talented members of the Academy, contends that the waters which resemble it most closely, and, in particular, the Seine water, are the best for human consumption. But Mr. Jolly, and his supporters, were roughly handled by Mr. Robinet. This gentleman, it is true, expresses himself indifferent to the chemical composition of water, but lays much stress on its coolness and transparency. No river, in his opinion, can yield a sufficient supply, unless the river be conducted from its source to its destination in covered aqueducts. This is the prevalent opinion among chemists in the Academy and elsewhere, and must ultimately predominate over all propositions of filtration and cooling of river water.

— While on the subject of public hygiene, it may not be inopportune to allude to a question much debated in scientific circles, and which engaged the attention of the Senate in its meeting of June 7, 1861. We refer to the use, or more properly to the abuse, of the liquor 'absinthe,' the rapid extension of which has been watched with much anxiety by political economists.

Mr. Lefevre-Duruflé defended, as reporter, a petition in which the Senate was invited to adopt measures calculated to check the progress of an abuse which has assumed the proportions of a public calamity. Professor Dumas indicated, as a source of additional danger, the presence of essential oils in several kinds of alcoholic beverages, which would acquire poisonous properties by the admixture. This is the point now under discussion, and is the subject of interesting inquiry. Thus Messrs. Dumas, Motet, Ancelmier, and Figuier assert that *absinthe* contains a peculiar poisonous ingredient, and Mr. Moreau, on the contrary, considers the same bitters objectionable merely on account of their spirituous nature.

In support of his opinion, Mr. Moreau adduces the therapeutic virtues of wormwood, and utterly denies that any distinct symptom of poisoning has ever been induced by this plant. "If," says he, "one hundred times the amount of extract or essential oil of wormwood contained in a glass of absinthe be swallowed, none of the effects consequent on the absorption of that quantity of liquor will be observable.

Mr. Moreau proceeds to demonstrate that these effects are not referrible to the alcohol, and invites notice to a circumstance hitherto disregarded. "In general," says he, "about one ounce of the spirit is diluted in a tumblerful of water, but a person who may be able to drink three, four, five glasses and more of brandy and water, or rum and water, in the course of the day, without any perceptible effect, will often be unable to take three or four glasses of absinthe and water without betraying symptoms of intoxication, which cannot therefore, be due to the alcohol.

Is the inebriating power of the mixture referrible to the association of the two elements? This question Mr. Moreau next addresses himself to, and disposes of as follows :

"An experienced epicure does not suddenly pour the water into the tincture of wormwood contained in his glass; this plan would deprive the beverage of its stimulant and stomachic virtues; but he gently adds the water in drops, and by a jerking motion, so as to *strike* the absinthe : this is the technical term; the result is a greenish and opaque mixture, whereas had the opposite system been adopted, an imperfect emulsion of a nearly transparent fluid would have been the consequence. The liquor is now ready for ingurgitation.

"Withres pect to taste, the two preparations are entirely different; the former is sweetish, insipid, and almost innocuous, at least as regards its intoxicating power; the latter, on the contrary, is highly aromatic and calculated to induce prompt and complete inebriation. In one instance, it would seem that the water and spirit are mixed but not combined; in the other, the division of the particles, and the union of the spirit and water are perfect, the effects of the beverage and its entire absorption are secured. The fact is a further illustration of the well-known axiom that the absorbability of any substance is proportionate to its degree of division.

According to Mr. Moreau, the effects of absinthe are therefore referrible to the mode of emulsion attained in the preparation of the mixture. Taken undiluted, the tincture of wormwood produces none of its customary results. Without questioning the amount of importance of the mode of preparation of this injurious beverage, we must, however, contend that the volatile ingredients of absinthe have some share in the production of its action. It is, moreover, obvious that the abuse of this intoxicating fluid is much to be lamented, and physicians, as well as administrators, should loudly proclaim its dangers.

HOSPITAL OF THE SCHOOL OF MEDICINE.

(PROFESSOR DEPAUL'S CLINICAL WARDS.)

Ascites coincident with Pregnancy.—Polypi of the Gravid Uterus.—Efficacy of Evaporating Lotions in Hydrocele of New-born Infants.

Anasarca is not the only form of dropsy which occurs in pregnant women; the serous cavities of the body may become the seat of effusion, and genuine ascites may also be observed. This, however, is not a frequent complication, and as it gives rise to interesting practical considerations, we relate the particulars of a case on which Mr. Depaul offered a few remarks.

In the course of the month of January, Mr. Bauchet recommended to the Professor's kind care a woman, aged thirty, in whom the catamenia had not appeared for seven months, and who had every reason to believe that she was pregnant. She had not, however, discontinued her usual occupations, when, on the 15th of December, she experienced sharp pains along the course of the sciatic nerve. The neuralgia causing much distress, the patient took a succession of vapour baths, from which she experienced relief. But from this date two important symptoms supervened : on the one hand, the abdomen increased rapidly and excessively in size; and on the other, the movements of the child became gradually weaker, and at last ceased altogether. When the woman was admitted into hospital, the abdomen was much more distended than it usually is on the eve of parturition. The region was, however, soft, and seemed to be half-filled with a liquid, and the fluctuation presented the well-known characters which attend ascitic effusion during pregnancy. The symptom was appreciable only superficially, and below a certain region, the undulations of the liquid were intercepted by the enlarged uterus, and did not reach the opposite side. It is unnecessary to dwell on the signs

which induced Mr. Depaul to assert the presence of peritoneal effusion; they are described at large in every work on semeiology, and recently, when speaking of ovariotomy, we expatiated on the distinguishing characteristics of ascites and dropsy of the ovary. It is practically less easy to ascertain the presence of gravidity in a case of peritoneal effusion. It is necessary, in addition to the signs supplied by percussion, to bear in mind the history of the case, and an amount of probability amounting almost to absolute certainty, will thus generally be attained. In the patient who suggests the present remarks, the Professor did not long remain undecided as to the true nature of the case. Forty-eight hours after the admission of the patient into the wards, labour-pains set in, and during uterine contraction, a rounded tumour was distinctly felt, hardening beneath the liquid, and becoming softer in the intervals of uterine action. On the other hand, the cervix was found to be nearly effaced, and the orifice admitted of the introduction of the finger. The edges of the aperture were so rigid that it was feared this circumstance might interfere with the progress of the accouchement; but the surmise proved incorrect, and while the patient was sitting on the night-chair, she gave birth to a still-born child, whose death had clearly taken place several days before, a fact demonstrated by the flabbiness of the tissues and the detachment of the epidermis.

The examination of the placenta was a source of much interest, and its condition accounted fully for the death of the fœtus. Mr. Depaul opined that the changes in the placenta were referrible to the same cause as the dropsy—viz., to a congestion resulting from the inopportune use of vapour-baths.

Both surfaces of the after-birth and its tissue were occupied by fibrous indurations, resulting from sanguineous effusions, which had interfered with the utero-fœtal circulation, and ultimately induced the cessation of life in the fœtus. If, as it is to be inferred from the history of the case, we view these extravasations as coeval with the formation of ascites, it is but rational to assign to both a common cause, which has been pointed out. Pregnancy is, we acknowledge, often accompanied by a sort of physiological ascites, a fact which is demonstrated by the escape of a notable amount of serum from the peritoneal cavity during the Cæsarean section; but morbid ascites, in the absence of any pressure mechanically interfering with the progress of the blood in the portal vein or in its origins, must arise from increased secretion in the serous cavity, which may be the result of congestive irritation of the membrane. Now, vapour-baths are extremely powerful means of producing congestion, and Mr. Depaul conceives himself justified, in the present instance, in attributing to their agency the ascites and placental hæmorrhage, as consequences of the rush of blood towards the peritoneum and placenta.

In this case the symptoms presented no formidable character; but matters are not always equally simple. When the life of the patient is jeopardised by an enormous accumulation of fluid in the abdomen, tapping must be resorted to, of course with all due precaution. To insert the trochar in the usual region, would obviously imperil the womb; the patient lying on her side, the instrument should be introduced a little below the short ribs, on the same side. This was Scarpa's plan; but Ollivier d'Angers' procedure is, perhaps, preferable, and consists in puncturing, with a lancet, the almost translucid protrusion formed in such cases, by the navel.

In Mr. Depaul's patient, absorption of the effusion will in all probability soon take place. The swelling of the labia majora has already subsided, and the abdomen daily becomes more flaccid. The treatment consists in the exhibition of an infusion of triticum repens and cherry-stalks, containing one drachm of nitre for every quart, of four ounces of aperient lemonade every day, and a moderate allowance of food.

— When even a limited amount of flooding occurs during the last months of pregnancy, it is generally to be concluded that the hæmorrhage depends on the insertion of the placenta upon, or in the vicinity of the aperture of the cervix. This was Mr. Depaul's first surmise in the case of a woman eight months advanced in pregnancy, who complained of loss of blood. Examination per vaginam, which in similar instances should never be neglected, demonstrated, however, that the flooding was the result of a far different cause. A small, olive-shaped polypus, inserted in the left side of the internal orifice of the womb, by a narrow pedicle, two inches and a half in length, was discovered in the situation described.

In general, said Mr. Depaul, polypi of the cervix are not of fibrous structure. Muciparous follicles abound in this region, and if two or three of these glandular organs become enlarged, a small tumour forms, sessile at first, but which gradually elongates, irritates the adjacent parts, and gives rise to hæmorrhage. The existence of the growths alluded to is perfectly compatible with gestation, and does not, in any material manner, interfere with delivery; they require notice, therefore, merely on account of the loss of blood they occasion. In the present instance, it was Mr. Depaul's intention to introduce the speculum, and to divide the pedicle with scissors; but it became unnecessary to resort to this operation. On the day subsequent to the examination, and perhaps in consequence of the examination itself, the polypus fell away, and, as sometimes happens, no trace of it has since been discovered.

Mr. Depaul took this opportunity of remarking that when the polypus is of fibrous nature, it increases in size during pregnancy, in the same ratio as the uterus of which it is the appendage, and contracts after delivery. The simultaneous development of the polypus, and of the womb, may occasion considerable embarrassment to the accoucheur, and the Professor adduced a case in point, observed by himself, in a lady in the fourth month of her pregnancy. When he first saw the patient, she was suffering from the symptoms of internal obstruction. On introduction of the finger into the vagina, the Professor found that the pelvis was filled by a hard tumour, which pressed upon the rectum and neck of the bladder, so as to prevent the escape of the excretions. Unavailing attempts were made to insert into the rectum a tube for the evacuation of the gaseous contents of the intestine; and it was not without difficulty that Mr. Depaul succeeded, through a narrow passage, in reaching the uterus. Measures calculated to induce premature delivery were resorted to, and twenty-four hours having elapsed without result, the condition of the patient appeared desperate, and Mr. Depaul determined on active surgical interference. With the knife, and with the hand, he enlarged the interstice alluded to, and finally a very small fœtus found its way through the narrow aperture; the after-birth promptly followed, and from that hour the fibrous growth gradually decreased in size. The patient has since visited, but in vain, every mineral water in France and Germany. The tumour still occupies the same situation, but it is moderately large, and causes only slight inconvenience.

— Congenital hydrocele is that in which communication persists between the peritoneum and tunica vaginalis. It is easily discriminated from simple hydrocele, by the form of the tumour, which is not clearly defined in its superior region, by the impulse communicated during cough and effort, and by the possibility of squeezing back the contents into the abdomen. In a case which we recently observed in Mr. Depaul's wards, congenital hydrocele did not present these characters. The swelling was more considerable on one side, and was not reducible on pressure, a circumstance which showed that if a communication existed between the peritoneal cavity and the vaginal sac, the aperture must have been unusually small.

This, doubtless, supplies us with an explanation of the results which followed the line of treatment adopted; had a communication existed between the two serous cavities, the secretion, which probably originated in the abdomen, would have continued to accumulate in the more dependent tunica vaginalis. In the present instance, the liquid was absorbed, as it frequently is when the communication is cut off by the pressure of a bandage over the inguinal ring.

At the date of its birth, January 4th, the childs scrotum was voluminous, translucid, and much distended, especially on one side.

Compresses impregnated with a solution of half an ounce of muriate of ammonia in five ounces of water were permanently applied over the tumour, and on the 17th the skin was already in loose folds, and the size of the hydrocele had considerably decreased.

The Medical Circular.

LECTURES
ON DISEASES OF THE SKIN.

By George Ross, M.D.

No. II.

(Continued from page 89.)

The Gouty Constitution in Relation to Cutaneous Affections—Latent Gout and Alcoholism— Hyperæsthesia and Prurigo — Erythema nasi—Lichen and Eczema—Psoriasis—Tophaceous Deposits—Common Cause of Eruptive Diseases and Gout.

I find very little in books on Diseases of the Skin, or in treatises on Gout on the subject of the complications of gout with eruptive complaints; yet they are not uncommon. I am surprised, indeed, to see how little notice is taken of them by writers on Gouty affections,—an oversight which I attribute to a preoccupation of the mind with the more characteristic manifestations of gout, and to the fact, perhaps, that previous authors have noticed the subject only in an incidental and casual manner. Hence, the attention of recent observers has not been sufficiently directed to this troublesome symptom. Dr. Garrod, in his excellent 'Treatise on Gout,' gives a brief notice of the observations of antecedent writers. He cites Dr. Graves, who describes in his lectures the case of a lady who was liable to a peculiar gouty inflammation of the nose. At about three p.m. daily, this organ became hot and red, and subsequently purplish; this colouration extended to the upper part of her cheeks, and was accompanied by uneasiness, but no pain. The paroxysm generally lasted three or four hours. Sir Henry Holland states that he has often seen psoriasis in gouty families, sometimes alternately with acute attacks of gout, sometimes suspended by them, and sometimes seeming to prevent them. Dr. Garrod adds, that he has seen several instances of cutaneous affections—prurigo, chronic eczema, and psoriasis—in connection with gout, and he alludes particularly to a severe case of eczema "*appearing* to depend on a gouty state of the system," that came under his notice. This gentleman was attacked with eczema a few months after recovering from a series of gouty attacks, and it "appeared" to yield to treatment calculated to reduce the gouty inflammation. None of these instances are very positive.

Nor am I more fortunate in finding detailed and trustworthy evidence in the works of authors treating expressly of diseases of the skin. Allusive statements made *currente calamo*, may be picked here and there from the general category of causes, but distinct recitals of case have not been forthcoming to my search.

The gouty constitution is very prevalent, especially among the highly-fed and luxurious denizens of large cities. The excitement of pleasure, the worry of business, the despondency of misfortune, the tension of mind induced by speculation, and even by the ordinary exigencies of commercial life, the sedentary habits of literary and official men, and the alternate jerk and strain upon the nervous system which characterises the changeful incidents of a political career, all aid in establishing and maintaining a gouty cachexia. Perhaps, mental causes exert greater influence even than free living in producing this excruciating malady.

The gouty diathesis may exist for many years without any actual fit—without any positive manifestation in the great toe or other joint, of the slumbering flame. *Latet anguis in herbâ.* The venom is under the serpent's tongue, though the joint is not yet bitten. This "latent gout" is common enough, and explains numerous maladies, the causes of which seem to be otherwise unintelligible. It requires, however, considerable experience among the class of patients usually affected with gout, to be able to detect it—to divine that peculiar constitutional cachexia, which, until it breaks out in its own specific character, is quite Protean in its manifestations. What has been recently called, and appropriately too, alcoholism, is intimately connected, in some of its forms, with latent gout; yet the two conditions are not identical, and pursue different courses. The alcoholic diathesis and the gouty diathesis are distinct.

Hyperæsthesia and Prurigo.

Gouty people are liable to a variety of cutaneous affections. I may premise that the gouty swelling itself is an erythema, not an acute inflammation in its ordinary sense, but a transient erythema of the cutis, attended with œdema of the subjacent tissue. Although the presence of gout usually determines this erythematous inflammation to the neighbourhood of a joint, yet it may also induce a morbid condition in other parts of the cutaneous surface. One of the most troublesome and well-known states of the skin, incidental to the gouty constitution, is hyperæsthesia. This increased sensibility is usually experienced between the toes, but it also prevails on different parts of the body. I have now under treatment, a lady who has been for many years a sufferer from gout, and who was lately so irritated by the intolerable itching between her toes that she scratched off the skin in her efforts to obtain relief. The hyperæsthesia, in this situation, is almost as common as the erythema which it precedes.

Not long since I was called to a gentleman who woke in the night with a sense of heat and feverishness, oppression at the præcordia, anxiety, and a troublesome itching and tingling in his palms and various parts of his body. It was the peculiar and intense formication in his palms that gave him most concern; it being a new symptom. Nothing was visible, and, in fact, at the time I saw him the itching had nearly left; but in a day or two he had a gouty attack.

This hyperæsthesia often runs into a more palpable form of disease—viz., prurigo. This affection not unfrequently attacks the vulva and anus, and is, of course, when in this situation, exceedingly troublesome. I have seen these affections coincident with undeveloped gout several times; and the most effectual cure is nature's own—an outbreak of the mischief in the great toe. Sometimes this object cannot be attained, and, in that case, a protracted pruritus will continue, unless assuaged with remedies adapted to remove the gouty poison. These cases of prurigo are always associated with disturbance of the digestive functions—mal-assimilation, flatulence, anorexia—sometimes gastrodynia, and frequently constipation, with much mental disquietude and depression; in short, the constitutional symptoms are more marked in these instances than in simple cases of the disease.

Erythema Nasi.

I have given a local appellation to a frequent form of gouty erythema. A gentleman, about fifty years of age, consulted me not long since, in a state of considerable annoyance, concerning an unexpected redness and swelling of his nose, extending over his left cheek and eyelid, the latter being puffy, as if erysipelatous. The nose was about half as large again as an ordinary nose, and was especially tumefied about the tip. It was hot and tense, with a pricking sensation, but not particularly painful—in short, it was a gouty nose. The affection lasted about four days, at the end of which time, the organ gradually resumed its ordinary dimensions and colour. As an explanation of this case, I may state two things—first, that the gentleman is subject to an inveterate lichen; and secondly, that, although generally, as I was assured, a most abstemious man, yet he had, for weeks past, indulged, with some freedom, in malt liquors of a superior quality, with the object of improving the tone of his system. He had certainly attained a better result than he had anticipated. This gentleman has never had an actual fit of the gout, although he has been suspicious of its presence, and has recently had flying pains over his body.

This case calls to mind that reported by Dr. Graves, to which I have just alluded. Dr. Graves's case, however, was periodic, coming on daily for a considerable period—not a very characteristic evidence of gout;—mine was not, but simply ran its course as a gouty erythema might be expected to do.

Lichen and Eczema.

I will now give a few instances of the complication of other cutaneous maladies with gout. I have already related a very peculiar and interesting case of lichen, breaking out coetaneously with an attack of gout. The beginning and ending of that eruption with the gouty inflammation was very remarkable. I have seen the gentleman casually since the publication of my last lecture, and his skin is clear of any eruption. I will now detail the particulars of one of the earliest cases in which I noticed this complication.

I was attending a patient—an aged female—who was suffering from an old ulcer of the leg; suddenly it inflamed, and discharged a thin sanious fluid; the inflammation extended to the ankle-joint, and on inquiring into the cause of such an unexpected attack, she directed my attention to the small joints of her left hand, which were swollen with gout. The existence of the ulcer had attracted the gout to that part. This was no new thing to her. Besides the gout, however, a lichenous rupture had broken out upon the leg; the papules afterwards coalesced, and superficial ulceration took place. Here was a case of lichen agrius, which would degenerate into eczema, if left to run its own course.

Psoriasis.

The existence of psoriasis as consequent on, or coincident with, the gouty diathesis, has also been noticed. I do not think, however, that psoriasis is so immediately dependent upon the gouty constitution, as the affections I have already described. It is a disease that forms slowly, and perhaps is relieved, rather than caused, by an attack of gout. Undoubtedly the skin of a gouty patient is often dry and harsh, excepting during a paroxysm, and therefore predisposed to this form of disease. I have, however, cited a sufficient number of cases that have come under my own observation to show the frequent complication of eruptive diseases with gout.

Tophaceous Deposits.

Although these deposits have not been hitherto regarded in connection with diseases of the skin, yet some notice of them must not be omitted when treating of the gouty constitution. These deposits consist of the urate of soda, and vary in consistency from a semi-fluid to a solid state. They are usually found in the neighbourhood of the small-joints, but are also, as Dr. Garrod first pointed

out, often observed on the helix of the ears of gouty patients When seen in this situation, they are white in colour, and about the size of a pin's head or larger, the helix itself being occasionally erythematous, and injected with blood vessels. They cannot be easily mistaken for any other affection of the skin. The ears, in short, are liable to gouty attacks, like the nose, as I have already described.

Is there a common cause of these affections? It is generally difficult to determine the proximate cause of a febrile attack, or, indeed, of any disease. What is the necessary condition of the system, or of either, or any of its organic constituents, that induces typhus, or cancer, or a common catarrh? In this sense, what is the cause of prurigo or lichen? We find eruptive disorders often associated with irregularities of the digestive functions; and this is particularly the case when they supervene upon a gouty diathesis. Whether this disturbance throws into the blood some irritating principle, or exerts a special poisoning influence upon the nervous system, or whether the enfeebled tone of the digestive organs be a consequence of systemic changes, it would be mere guesswork in the present state of our knowledge to presume to determine. The human body is a complicated piece of machinery, and one wheel fits into and turns another so admirably that it is difficult to say where motion begins or ends. Health is the result of a succession of changes, involving action and reaction.

It must be observed, however, that all eruptive disorders commence with a febrile stage, and when they have become chronic, are liable to excerbations. This febrile state is due to a specific condition of the system. Be it an excess of acid in the blood, a change in the relations of its component parts, or an impression upon the nervous system of a reflex nature, whatever it may be, such a condition exists. I am inclined to think, however, that an acute attack of an eruptive disease is an effort of the system to depurate itself of some noxious element. I find that the cause inducing a fit of the gout will also induce or modify a cutaneous affection. We know that the blood in gout is charged with uric acid, and it is proved to demonstration, that this principle constitutes the characteristic evidence—whether the essential cause, I say not—of the malady.

Is uric acid in the blood an irritant of the skin? This question must be answered in the affirmative, if we consider for a moment, that the local manifestation of gout itself is, in fact, an erythema of the skin. This is its primary and characteristic manifestation. Then it has been stated that uric acid has been actually secreted by the skin. Several instances have been recorded of a whitish powder being found on the skin of gouty patients, and Dr. Charles Petit has asserted, that he has detected—or rather Mr. Henry, who performed the analysis—urate of soda in the cuticular secretion, taken from several parts of the body of a gouty patient. These observations have not been satisfactorily confirmed. Another salt, the oxalate of lime, also a characteristic of the gouty diathesis, has, however, been found in the perspiration.

The secretion produced by artificial irritants has afforded more direct testimony. Dr. Garrod has examined the serum from a blistered surface, in several instances, and has discovered that it contains uric acid, except when the blister had been applied to parts that were actually inflamed.

It may, therefore, be reasonably inferred, that the salts characteristic of gout, do determine towards the skin, and that in some cases, as in eczema, uric acid might be detected in the secretion from the diseased surface. It is probable, however, that if the gouty inflammation, as in an instance which I have previously related, ran high, the characteristic acid might not reply to re-agents. It would not follow, therefore, that because uric acid did not exist in the secretion from an inflamed surface, that it was not actually irritating the skin; for Dr. Garrod has shrewdly remarked that the gouty action, in a part, seems to have the effect of destroying the uric acid. So much then on this question. I shall enter upon the treatment of these cases on the next occasion.

(To be continued.)

A REMARKABLE AFFECTION OF THE NERVOUS SYSTEM.

By J. Grieve, Esq.

The following, to me unique and extraordinary case, is now under treatment. As there are many points in it that may interest the readers of your valuable Journal, and as I am anxious to have the opinion of some of my brethren, both with regard to its minute diagnosis and the best mode of treatment, I shall endeavour as concisely as I possibly can, to give a distinct account of the symptoms which have shown themselves from the beginning of the attack until now, a period of one year and ten months. J. D., aged eleven years, one of a family of six children, five of whom are still alive, and whose parents are apparently in ordinary good health, was, though previously in the enjoyment of good health, seized in the month of May, 1861, with slight shivering fits, but without any, or at least very slight subsequent feverish excitement. During the succeeding twelve months she did not complain much, but nevertheless was rather unwell, the chief complaint being the want of appetite. She never could be prevailed upon to taste food of almost any kind; a little wine was occasionally forced upon her, but even from that she ultimately entirely refrained. At this time tonics of all kinds were tried, with change of air, sea-bathing, and every adjunct that possibly could be thought of. I may mention here that her residence is in the country, upon the banks of one of our magnificent Scottish forths, distant about five miles from any town. All the remedial means employed proved of no avail. About the end of May last, the first fit so characteristic of the disease, occurred, and which has recurred with the most undeviating regularity ever since. I shall now endeavour to describe the paroxysms which affect her three times every day. The first comes on about nine o'clock in the forenoon. Up to within a minute or two of the fit setting in, the patient seems to be in ordinary health, and rather in good spirits, when suddenly she complains of being wearied, and invariably, whatever may be her previous position, she turns on her left side, and as if composing herself to sleep, and immediately becomes completely unconscious. She remains in this condition, from which no noise, pinching, or other means have as yet roused her, for two hours, and during the whole of that time she never moves a muscle of her body in the slightest degree, but lies perfectly motionless. During this stage of the fit her eyes remain closed, with a slight tremulous motion of the eyelids. There is seemingly a continuous stream of flatus, as if by eructation puffing through the closed lips, which causes a quantity of frothy saliva to collect around the mouth; the abdomen is very much distended and tympanitic; the pulse ranges about from 110 to 120; the extremities, both hands and feet, feel rather cold to the touch; and there is almost a constant escape of offensive flatus per anum. This stage of the fit continues invariably for as nearly as possible two hours, or till eleven o'clock: and so certain have the friends become from their long experience, that they do not watch her till within five minutes of the expected termination of it. Within a second of the anticipated time the second stage of the paroxysm sets in, the first indication of which is a slight motion of one of the hands; instantly thereafter the patient must be raised to the sitting position, otherwise violent choking symptoms set in, and a rigidity of the whole frame, which when allowed to have its full effect, is not afterwards easily overcome. She now seems to suffer violently, cries bitterly, with tears, though not copious. The respiration during this second stage is carried on by one long and rather crowing inspiration, and the expiration broken by three distinct hicks. I can find no word to express my meaning better. She invariably rests her head on the shoulder of some one, and in this posture seems to obtain most assistance. The blood-vessels of the neck from the violence of her sufferings are much distended. During this stage the discharge of flatus continues, but more interruptedly. This state of things lasts for three quarters of an hour, and punctually as that term expires, without any apparent diminution of the severity of the symptom, this second stage of the disease suddenly ceases, and she quietly lies down, seemingly but slightly fatigued, and disposed almost immediately to talk indifferently of any matter that may have come under her notice at any time previously to the setting in of these violent and extraordinary paroxysms. The second daily attack begins a little after twelve o'clock, and terminates somewhere about three; and the third and last attack comes on about four, and by seven o'clock in the evening her day's sufferings are over. She has never had an attack during the night, nor at any other time than at the periods mentioned above. For many months she has taken no solid food of any kind. After the last attack in the evening she may suck a small piece of orange, eat a piece of an apple, or the pulp of one or two grapes, and drink one or two tumblers-full of water. Of these consists the whole nutriment she partakes of till the next evening, when the same diet is repeated. Her reasoning faculties and memory continue unimpaired, though a little childish in her manner, which may be easily accounted for by the indulgence of fond parents. Now, in my opinion, this case with little difficulty can be placed in the category of nervous diseases; but which of these does it most resemble? Is it epilepsy? Then where are the ordinary symptoms of that disease; No aura epileptica, no piercing cry, no convulsive movements. Is it catalepsy? Or more likely still, is it hysteria? But then there is the age of the patient, which in some measure militates against that opinion. Although there is weeping, there is no sobbing nor alternations of laughter; no limpid urine secreted in over-abundance; nor though there is abundance of flatus distending the abdomen, yet there is not the globus hystericus. But when on this subject I may remark that two of her paternal aunts are of a highly nervous temperament, and one of them particularly was for many years subject to an hysterical affection simulating many diseases. As to the treatment now pursued, I have, from the great difficulty of getting the patient to take anything either in the shape of food or medicine, confined myself to the use of the sulphate of zinc in combination with a little of the sulphate of magnesia. Her general health, though certainly impaired, is not so much shattered as might be expected from the long continuance of the disease, and from the almost total abstinence from food.

Port Glasgow, Feb. 24, 1863.

THE MEDICAL CIRCULAR.

WEDNESDAY, MARCH 4, 1863.

PROTECTION AGAINST ACTIONS AT LAW.

The Medical Act is like a ship that has been "scamped" in the building, and has required fresh caulking and tarring almost every year. The repairs yet done have not very much improved its seaworthiness. With the exception of the correction of some palpable blunders and incongruities, the Act remains in the state it was when it first left the hands of our Parliamentary experts; and not a single human being has any reliance on its clauses for the protection of legal rights or the punishment of evil-doers.

There have been heard for some time past many loud complaints of the unjust prosecutions to which various members of the Profession have been subjected by ungrateful patients or vindictive foes; and with a keen sense of constant liability to such unfounded attacks, there has been a painful conviction of inability to prevent or punish them.

The prosecution of Mr. Adams was altogether peculiar, and in its abominableness unique; a prosecution of a kind that is not likely to occur again; yet, singular as it is, we can only regard it as one form of the prevailing propensity to calumniate medical men. It is not often, we are proud to say, that the moral character of the medical practitioner is attacked, or his bearing as a gentleman impugned. Cast, by our duties, into the very bosom of a family, the confidant, it may be, of its most painful secrets, the adviser in emergencies and trials, appealed to for our sympathy in suffering, and for aid in difficulties, we become the trusted friends of our patients, and are bound to them, not unfrequently, by ties which both they and we would be loath to sever. There must be few medical practitioners old enough to have a grey hair on their heads, who have not realised the place of confidence and regard which we have described. This mutual trust is the pledge of a medical connection. What is called "family practice," could not exist without this good understanding, and the public's cordial reliance on our professional virtues. Rare, indeed is it that this trust is betrayed. Should an instance of criminality be proved against a medical man, it would excite an irrepressible sense of loathing throughout the Profession from north to south. Such a man would be expelled from among us as a beast with a murrain from the flock. He would meet with the condign indignation of his brethren, and the bond of fellowship would be severed for ever.

On the other side, it is rare to hear of slanderous imputations being cast by patients on the morals of their medical attendants—a fact that testifies loudly to the general integrity and purity of the medical character. That such accusations have been made we have an experience too recent to forget; but such charges are quite exceptional in the enormity of their scandalousness.

There is another description of outrage on the professional character which is more common, and which, we think, admits of easy redress. A medical practitioner has attended a patient for a considerable time; the case, a difficult one—say fracture of the neck of the femur—has not gone on satisfactorily, but the medical man has done his best, and perhaps no other practitioner could have done better; Christmas then arrives, and the bill is sent. The patient looks first at the amount, and then at his deformed leg; he feels reluctant to pay, and the fiendish instinct of ingratitude takes possession of his heart. "He won't pay, not he; it is the Doctor's fault that he has not a straight and useful limb, and if the Doctor bothers him any more, he will let him know it." He holds in reserve an action for malpraxis. By and bye the doctor presses for his bill, perhaps threatens his patient with the County Court; and the latter to avoid payment, commences a cross action for malpraxis against the doctor.

The case comes before a jury, and the question is:—"Did Mr. Jones exercise due skill and competency in the treatment of the case?" Now, this question is put to a jury of shoemakers, publicans, and greengrocers—admirable judges of scientific qualifications! It is not improbable that they have been aided in the formation of their opinion by the contradictory evidence of rival medical witnesses; one set asserting as positively as the other denies the orthodoxy of the treatment resorted to in the case. What a caricature of justice is not this? Could any proceedings be better devised to bring English law into contempt? Probably the decision of the jury—confessedly utterly ignorant of the scientific points in question—will be given against the defendant, and, as a matter of course, he will be ruined for life.

Now let us look at the case from another point of view. The man has been under the treatment of a village bone-setter with the same or a worse result. He brings his action; and how will the judge direct the jury? He will say something of this kind:—"The defendant, Thoroughscamp, has been practising for many years as a village bone-setter without any qualification, and he is notoriously ignorant of the science and practice of medicine and surgery, though evidence has been given that he has performed many great cures. The plaintiff knew that he was unqualified, and he placed himself under his care with this knowledge; he has no right, therefore, to expect the ordinary skill that would be exercised by a regular practitioner. The consequent injury, if there be any, is mainly his own fault. It is for you, however, to consider what fault, if any, attaches to the defendant, &c., &c." The jury consult, and the defendant escapes punishment on the ground of his *known incompetency.*

These are not suppositious cases. Their exemplars have often occurred; and they truthfully represent the state of English law. The surgeon with a legal qualification is placed at a disadvantage, as against the bone-setter. The law under which he acts gives him no protection, but rather serves to bring him more effectually under its penalties. It is almost a burlesque to call this "a right to practise."

We call for an amendment of the "Medical Act," that shall put a stop to this facility for bringing actions against medical practitioners. Let a few words be inserted in the clause giving a registered person the right to practise to the effect that "a copy of the register shall be evidence in any Court of Law of the competency of the person registered to practise his profession." A clause of this kind would prevent actions from being brought for malpraxis, except in instances where there had been gross neglect or incompetency from drunkenness or other moral delinquency. The question is now often raised on the treatment of the case; this issue could not be introduced if the copy of the register could be made evidence of proved skill.

It is only reasonable that such evidence should be admitted; for as it must be supposed that the examining bodies would not have given their letters testimonial had the candidate not been qualified to receive them; so the fact of possessing them or their equivalent, a copy of the register, should be evidence

in a Court of Law of such competency in every case in which it could be called in question.

We advise our reforming friends to take up this practical question, and not allow the present effervescence of feeling to subside without educing from it some permanent safeguard for the profession.

SUMMARY OF THE WEEK.

THE TITLE OF DOCTOR.

This subject is still agitating the medical world; or, at least, the correspondents of some of the medical journals. The point in dispute is narrowed to the question whether licentiates of a College of Physicians, not being graduates, should use the title of "Doctor." The London College of Physicians now refuses the title to its licentiates, although formerly it allowed it—the reason being that formerly the members were few, now they are many, and there is a risk of lowering the dignity of the rank. The Edinburgh College, it seems, addresses its licentiates as "Doctors," if we may trust the statement of a correspondent; and the Dublin College boldly insists upon the right to confer the title of Doctor with the grant of its licence. So the case stands. It is another instance of "Doctors" disagreeing. It is generally understood that the Fellows of the London College, as individuals, privately concede the title which they refuse in public as members of the corporation. The courtesies of life, or, perhaps, the fear of losing a connection, conflict with a public duty; and, so a compromise is arranged, which is unworthy of the medical character. Let us have this question decided.

CHEAP DIPLOMAS.

A man advertises in the 'Daily Telegraph' that he has a Medical Diploma for sale, the terms for which can be obtained from a certain J. A., 3 Spur street, London. Cannot Dr. Hawkins take measures to catch this gentleman? It might not be difficult to prove a fraudulent purpose. Alas! for the Medical Act!

ADAMS *v.* RUSSELL.

We have given in another column a report of the Public Meeting held last week at the Freemason's Tavern to express the sympathy of the profession with Mr. Adams, and to adopt measures to prevent in future such unwarrantable attacks on private character. There was a considerable attendance of professional men and others; and Mr. Adams's integrity was warmly defended. It was pleasing to have the testimony of Mr. Lush, to the effect that the learned Lord Chief Baron was favourable to Mr. Adams; and that his summing up, as condensed in the 'Times' and other journals, was garbled so as to give a very erroneous impression of his private views. The only other incident of this meeting to which we deem it necessary to refer, is the correspondence that took place before the trial between Mr. Propert and Mr. Adams's solicitor. It will be a source of professional regret to every member of the profession to see Mr. Propert place himself, almost wilfully as it would seem, in so false a position towards a brother member. It is true that he denies that he furnished the means for the trial; but statements were publicly made that his solicitor conducted the case, and, indeed, in his letter dated Jan. 1, he remarks, "I have every confidence in *my* solicitor that he will be able to conduct matters satisfactorily." All this surely requires explantion. We leave the matter where it is for the present, in the hope that Mr. Propert is now convinced that his confidence has been abused, and that he will make the *amende honorable* to a professional brother.

HALL *v.* SEMPLE.

This case was brought under the notice of the House of Commons last week by Mr. Butt, who complained that a perfectly sane man might be confined in a Lunatic Asylum upon the certificate of two doctors. Sir George Grey, in his reply, explained that the Commissioners considered that the keeper of the asylum had been guilty of culpable neglect in receiving a patient upon an informal certificate, and that they had sent a circular round to the different keepers of asylums warning them of their responsibilities in that respect. He thought the law did not require any alteration. There can be no doubt that Mr. Elliott, the keeper of the asylum, was blameable for receiving Mr. Hall upon Dr. Guy's certificate. Had he been more careful, there would have been no illegal detention.

PROFESSOR HUXLEY'S LECTURES.

Professor Huxley's first appearance in the theatre of the College of Surgeons as Professor of Comparative Anatomy was signalised by an interesting description of the skeleton of the glyptodon which had been found in a post-pliocene deposit on the estate of Signor Maximo Terrero, on the Rio Salado, in the Argentine Confederation, South America, and presented by that gentleman to the Royal College of Surgeons. One of the most remarkable characteristics of this skeleton was what Professor Huxley called the "trivertebral bone," which was composed of the last cervical and first two dorsal vertebræ. It had a sort of handle at its superior posterior part, and articulated with the dorsal vertebræ by means of a hinge joint. It had also articulating surfaces for the ribs. The dorsal vertebræ were anchylosed, and formed a sort of dorsal tube. The ilia were of enormous size. After dilating upon many other characteristics, Professor Huxley decided that the glyptodon was a mammal, closely resembling the living armadilloes.

In his subsequent lectures Professor Huxley treated of the classification of living beings chiefly from a morphological point of view. He adverted to the gregaridæ, and the rhizopoda, mentioning in connection with the latter, that their uniform, structureless jelly, having no organs, showed that life was a cause, not a consequence, of organisation. Other orders, the Spongiadæ, Infusoria, Hydrozoa, Actinozoa, Polyzoa, Ascidioida, &c., &c., were subsequently described.

MR. SAMUEL HIGHLEY'S NEW ENTERTAINMENT.

An extremely interesting and instructive entertainment is now to be seen every evening at the "Scientific Educational Museum," 191, Piccadilly, in which the medical profession cannot fail to take a great interest, for it is clearly shown by Mr. Highley, how his improved applications of photography may be made subservient to the teaching of Natural History, Anatomy, Pathology, and Microscopical investigations. Objects are displayed by means of an improved magic lantern, of a magnitude, and with effects, which cannot fail to arrest the attention of the student.

The importance of appealing to the eye, is a matter recognised by all experienced teachers. Beyond this, the exhibition has an interest as a mere matter of amusement, for it shows that famous places, works of the worlds' great artists, groups of sculptures, engineering works, and other subjects of interest, can be reproduced upon the screens of our drawing-rooms, with wonderful fidelity, and at a moderate cost. The optical perfection of the apparatus employed by Mr. Highley in his demonstrations has never been equalled, the definition and freedom from chromatic aberration in these pictures being perfectly marvellous.

Those interested in the educational application part of the

series, should visit the gallery without loss of time, as such illustrations will shortly be replaced by others that are more suitable for the amusement of the public at large. At present the series of Scripture subjects, groups of sculpture, and Hogarth's pictures form an interesting series, and afford amusement for a couple of hours of well-spent time.

REVIEW OF THE PERIODICALS.

The 'British Medical Journal' (Feb. 21). Dr. Lionel Beale gives a clinical lecture on the "Nature of certain Healthy and Morbid Changes, and on Counter-irritation." He combats Dr. Chambers's notion that by counter-irritation, we establish one disease of a milder nature to cure another that is more severe—in other words, we proceed on the principle "of making a sound man ill;" and he says that his own idea is that we simply increase the action of one or more tissues, with the view of reducing the increased action going on in other tissues. It is obvious that many popular or taking medical theories are founded on mere catch-words. Dr. Beale says it is difficult to define "disease," or to fix the line between healthy and morbid actions. He denies Dr. Chambers's proposition that "disease is not a new excess of action, but a deficiency;" also, another, that it is the business of the physician to *add* material, and not to take it away; also, a third, that the physician should not desire to *diminish function*, Dr. Beale instancing the case of cancer, which grows quickly, and if we could "weaken its life," it would be just what we desire. In short, Dr. Beale says:

"I have drawn your attention to these points, because it seems to me that the dogmas insisted upon by my friend are opposed to the principles of sound physiology, and to the teachings of the bedside, while they are not supported by any new observations of his own; and because the very positive exposition of his peculiar views in his first lecture seems to me to demand our attention; and I therefore take this opportunity of discussing some of the first principles upon which our science is based.

"I cannot help thinking that Dr. Chambers has assailed some notions which are very much nearer the truth than the substitutes he proposes; and I do not think that the statement that "disease is a deficiency of action and partial death," as a general principle, can be received or sustained. It is also incorrect to talk of "life-giving articles." Nothing gives life, save that which has life; and this is, at any rate, a sound truth, from which all our speculations upon the essential nature of healthy and morbid changes in living structures must start."

Some practical remarks on the "Prevalence and Treatment of Syphilis," are communicated by Dr. Geffery Marston. These remarks show a considerable experience in the treatment of the disease. Mr. Nourse communicates to the same journal an article on "Uterine Fluxes, their Cause and Consequences."

The 'American Medical Times' (Jan. 31), contains Dr. Detmold's interesting lectures on "Military Surgery," an article by Dr. Rufus Brown on "Gangrene of the Mouth and Fauces," a good description of an unusual, and as Dr. Brown considers, a peculiar disease. There are other good papers in this Journal.

The 'American Medical Times' (Feb. 7). Dr. Detmold's Lectures are continued. Dr. Joseph Smith contributes a paper—one of a series—on the "Therapeutics of Albuminaria." He highly commends the bichloride of mercury in the treatment of dropsy from Bright's disease. He cites various cases in which it was beneficial in exciting the action of the kidneys, and diminishing the amount of albumen in the urine. We quote the following observations.

"In respect to the value of the corrosive sublimate as a remedy in renal dropsy, my own observations in hospital and private practice entirely accord with the favourable reports of its use I have cited.

"Next to corrosive sublimate, in point of value as an alterative, ranks, perhaps, the iodide of potassium. This salt has been used with marked success in some cases, but it is more active as a diuretic in renal dropsy, than as an alterative. But so far as I have had opportunities to observe its action, it seems to have no solid claim to distinction as a remedy or palliative in this disease.

"In regard to some diuretics they are objectionable on account of their over-stimulating the kidneys and thus tending to increase their hyperæmial condition. Among the diuretics which are believed to be most useful are the acetate of potassa with the infusion of buchu and the liquor ammoniæ acetatis. The apocynum cannabinum is an active diuretic, and but for its nauseating and depressing and cathartic effect would often be preferred to any agent of its class.

"As to squill, digitalis, and juniper, there is a question as to their suitableness to the treatment of uræmia. The question is suggested by the interesting investigations of Dr. Hammond, the present Surgeon-General of the United States army, into the action of these well known diuretics. This gentleman thinks that it is deducible from his experiments 'that neither digitalis, juniper, nor quill, increases the total amount of solid matter eliminated by the kidneys, and that the organic matter is considerably reduced through their influence. Although they do increase the amount of inorganic matter removed through the urine, yet as it is the organic matter which is generally considered as contaminating the blood in disease, it is evident they exert no effect whatever in depurating this fluid, but, on the contrary, are positively injurious.' Now, if this be so, seeing that urea is organic matter and accumulated in the blood in Bright's disease, are not digitalis, squill, and juniper improper diuretics in that disorder?"

Dr. Ziegler highly eulogises "Nitrous Oxide" as a medicinal agent. He says of it:—

"I have shown that the protoxide of nitrogen possesses powerful hæmatic, neurotic, exhilarant, and other characteristic properties, and that it is applicable to the treatment of numerous and diversified disorders of the animal economy. Also that it is especially indicated notoriously in typhus, but likewise in intermittent, congestive, yellow, and all other fevers of a similar character, as well as in adynamic states generally. Furthermore, that it is useful in certain other toxical conditions of the system from various poisonous substances which may either be generated within or be introduced from without the body. Morever, that the peculiar constitution, characteristic properties, and extensive range of therapeutic application renders the nitrous oxide one of the most remarkable and valuable remedial agents known. In brief, as I have elsewhere stated, my own observations, experiments, and experience have taught me that the protoxide of nitrogen, or so-called "laughing-gas," is a direct, potent, and permanent chemico-organic, arterial, nervous, cerebral, and general stimulant, diuretic, aphrodisiac, and antitoxic; and is thus a seperior hæmatic, neurotic, tonic, secernent, resolvent, alterative, antidote, antiseptic, &c., &c."

The 'Medical Times and Gazttte.' Professor Huxley's Lecture on the "Glyptodon" opens this journal. The Lectures on the "Blood of the Vertebrata," by Professor Gulliver, are continued. He treats of the fibrin and the various phenomena it presents. He gives an excellent analysis of the theories about the coagulation of the fibrin—Hunter's and Richardson's to wit—to neither of which, for reasons and experiments assigned, does he give his assent. Mr. Zachariah Lawrence reports a case of "Astigmatism," completely remedied by cylindrical lenses; and Mr. Kesteven reports a case of "Delirium Tremens," in which he administered four half-drachm doses of digitalis, when the patient fell into a deep and quiet sleep, and awoke, after thirty-six hours, apparently safe.

The 'Lancet.' Dr. C. Bland Radcliffe's elaborate Lectures on the "Brain and Nervous System," are continued. Mr. Critchett follows with his Lectures on "Diseases of the Ocular Appendages.'

Mr. Haviland reports a case of 'Rupture of the Uterus." We quote the following passages:

"On my arrival, at about half-past eleven, p.m., I found a tall, well-formed woman lying on her left side, flooding, vomiting, fainting, almost pulseless, with cold perspiration standing all over her face, and complaining of a fixed pain right across the umbilical region. Without delaying a moment to learn the history of the case, I passed my hand into the vagina, but could find no presentation at the os uteri, which was dilated sufficiently to admit my forefinger. After a little gentle perseverance, I got my hand into the womb, and was surprised to find it empty. On careful exploration, however, my fingers came in contact with the promontory of the sacrum. This revealed in a moment the nature of the case. I then separated as widely as possible my first and second fingers, and distinctly felt the edges of the laceration in the wound. Being now satisfied that the fœtus had escaped through the opening into the peritoneal cavity, I carefully proceeded upwards and backwards, and, for the first time in my life, felt the human kidneys *in puris naturalibus*, warm and alive. The intestines surrounded

my hand, and produced a most sickening sensation. On turning my hand forwards I immediately recognised the *unbroken* fœtal sac, which, with its contents, seemed to float in the intestines, just under the stomach. So mobile, indeed, was this globular mass that I could easily move it round with my forefinger, and thus obtain any presentation I liked without difficulty. After rupturing the membranes, I seized the feet, which I found were small and disproportioned to what appeared a very bulky head. Having carefully brought the whole through the fissure, which extended obliquely through the posterior part of the uterus from the cervix to the fundus, I succeeded with little difficulty in getting the legs and shoulders into the world; but at this point an arrest of the child's progress took place, which revived my first impressions about the size of the head. However, by dint of patience and perseverance for half an hour, and strong pressure with my fingers on the skull, I managed so to modify its form as to enable it to pass through the straits; the placenta immediately followed, without hæmorrhage. I then replaced my hand in the womb, assured myself that there were no folds of intestine in the fissure, gradually withdrew it, and found the uterus contract around it as it receded. Immediately afterwards I gave the patient a dose of ergot in brandy, and ordered it to be repeated at short intervals, in small doses, so as to ensure a permanent contraction. I need scarcely say that during the whole of the delivery I made the attendants give her raw brandy constantly, a teaspoonful at a time—a much more efficacious mode of administration than larger quantities at longer intervals."

The unfortunate patient lived six days after delivery, and then died. The child's head was hydrocephalic, and Dr. Haviland observes that Mr. Thomas Keith has collected seventy-four cases of congenital hydrocephalus, in sixteen of which the womb was ruptured. Dr. Redfern Davies contributes an article on "Silver-Wire Ligatures." Mr. James Stedman a case of "Cyanosis," with an opening in the Septum Ventriculorum; and Mr. Broke Gallway, a case of "Traumatic Aneurism of the Femoral Artery at Poupart's Ligament."

GENERAL CORRESPONDENCE.

FIRST CASE OF OVARIOTOMY IN RUSSIA.

To the Editor of the Medical Circular.

Sir,—Being a reader of the Medical Circular, I have seen the interest which you have taken in ovariotomy, and think it due to you to forward an account of an operation performed at the St. Petersburg Academy by Professor Krasovski in his wards. It was the first case in Russia.

On 27th October last, a woman of twenty-five (hymen intactum) entered the wards, with an abdomen larger than at the full term of pregnancy. After thorough examination, the case was diagnosed as a trilocular colloid cyst of the left ovary, having no adhesions in the anterior two-thirds. This tumour developed itself during two years, with much pain and suffering to the patient. No tapping was tried in this case, as that mode of treatment had of late been used in these wards in more than ten cases, in some of which, with injection of iodine, it had proved useless, or injurious.

On the 20th of December, the abdomen was three inches larger; the waist circumference, being formerly 86, was now 89 inches.

An operation was decided upon, and performed on the 23rd December, under chloroform. An incision was made, 4¾ inches in length, by the linea alba. Then the large cyst was tapped, and the fluid let out through a gutta-percha tube adjoined to the trocar; it was viscous, of a brownish-green colour, and 12¾ pounds in quantity. Examination proved that no adhesions existed. The next cyst was then tapped, without taking out the trocar; and 2¾ pounds of limpid fluid came out, which was exceedingly viscous. The tumour was now brought out of the abdomen, and the pedicle secured by an ordinary Luer's ecraseur, close to which were placed two separate ligatures, and then, a little lower, a common strong silk ligature. The pedicle was cut by the ecraseur, and brought out through the lower part of the wound, and the cut closed by eleven Karlsbad pins (taking up peritoneum), and B sutures of silver wire. Suppuration set in on the sixth day, but only subcutaneous, a firm cicatrix being formed, *primo intentio*, in the deep parts. Peritonitis was very moderate. General reaction scarcely existed, and only during the first few days. The operation was performed in a separate building, surrounded by trees. The cysts proved trilocular, weighing, without contents, six pounds. The large one was in diameter 21 centimetres, and 17½ centimetres in length. Circumference of the whole, 72½ per centimetres; length, 26½ centimetres; breadth, 15 centimetres.

On 24th January, patient was quite well.

I am, &c. P. Pelochin,
Student of Medicine in St. Petersburg Academy.

St. Petersburg, 14th February, 1863.

N.B.—The girl had symptoms of *tubercula miliaria in apicibus pulmonum* (hereditary), the progress of which was not in the least aggravated by the operation.—P.P.

THE SUCCESSFUL USE OF IODIDE OF POTASSIUM IN THE TREATMENT OF ANEURISM.

By William Roberts, M.D.,
physician to the Manchester Royal Infirmary.

[*Reported by* Mr. E. Dawson, *Clinical Clerk*].

"Gentlemen,—I propose to draw your attention to-day to a case of thoracic aneurism, which has been under my care, in No. 68 Ward, for the last six weeks.

"The case affords an advantageous example for the illustration of the various points of importance in the diagnosis of aortic aneurism; but I shall pass over these with only a brief recital, in order to bring before you at length certain points of interest bearing on the use of iodide of potassium in the treatment of aneurism.

"J. P., a collier, aged thirty-nine, unmarried, was admitted into the Royal Infirmary, on October, 6th, 1862, complaining of pain in the chest, a troublesome cough, and difficulty of breathing at night. He stated that about four months ago, when in a state of intoxication, he was kicked in the chest by a policeman. From that time he has been subject to paroxysms of excessively severe pain, persisting for several hours at a time, in the back, neck, and running up to the left side of the head and left shoulder. He compared the pain in the latter situation to having pieces of his flesh torn out. There has not been hæmoptysis at any time. About two months after the above occurrence, he observed an unnatural prominence of the upper part of the sternum.

"When admitted, the patient had the appearance of good health; the pulse was 96, and the respirations were 22 per minute. The superficial veins of the upper arms, and the external jugulars were somewhat distended; the right radial pulse was slightly feebler than the left. The speaking voice was unaltered, but the cough-voice possessed the peculiar stridulous character distinctive of interference with the function of the recurrent laryngeal nerves.

"The pupil of the left eye was motionless from previous accident, the right pupil was natural. There was some dysphagia—when the chest was uncovered, the first bone of the sternum and its immediate vicinities were observed to be bulged out, and to be the seat of a heaving pulsation. On the left side of this prominence, in the second intercostal space, close to the sternum, there was a soft pulsating elevation standing out about a quarter of an inch above the surrounding level. This elevation was conical in shape, and had a base about the size of a shilling. The heart's apex beat in the fifth interspace within the nipple line.

"Percussion revealed a considerable area of diminished resonance over the bulging parts. Transversely, in the level of the second interspaces, the dulness measured four inches and a half, extending more to the left than the right of the middle line; vertically, there was dulness for three inches and a half below the sternal notch. There was no fulness or pulsation in the last-named spot. The cardiac sounds were normal over the precordial region; they were loudly audible over the seat of dulness above described.

"The first sound was faintly murmurish over the soft elevation; and a distinct though faint systolic murmur existed in the course of the innominate artery; this was intensified over the right carotid and in the acromial angle. No murmur existed over the left carotid and subclavian. With such an array of symptoms and physical signs, the diagnosis could not remain for a moment doubtful. The case was one of aneurism of the arch of the aorta making its way forward through the parietes of the chest.

"On October 10th, the patient was ordered to take five grains of iodide of potassium three times a day; to keep his bed; and to restrain as much as possible the quantity of liquids taken in the way of drink. Three days later the iodide was increased to seven grains and a half three times a day. Six days after the commencement of the treatment, the patient reported himself a great deal better; the paroxysms of pain no longer recurred; the cough and difficulty of breathing were less troublesome; and the soft pulsating elevation was slightly less prominent. The physical signs remained otherwise unchanged. The iodide was now increased to ten grains three times a day.

"From this date (October 16th), to October 27th (a period of eleven days) the patient went on favourably. He continued free from pain, difficulty of breathing, and dysphagia; and the soft elevation had almost altogether subsided to the level of the surrounding parts.

"He was now allowed to get up, and the restrictions as to fluids were relaxed. The iodide was increased to fifteen grains three times a day.

"On November 4th (twenty-fifth day of treatment), the dulness measured four inches across, and two inches and three-quarters vertically. The dose was now raised to twenty grains.

"On November 18th (thirty-ninth day of treatment), the area of dulness was carefully measured again. It had now contracted to three inches and three-quarters transversely, and two inches and a half vertically; so that from the commencement of the treatment, it had diminished three-quarters of an inch in one direction, and

one inch in the other. The soft elevation had sunk to the level of the surrounding parts, and had become wholly inappreciable to the eye. Pulsation was still felt over the spot. The patient was free from pain and difficulty of breathing, and felt himself exceedingly well. The cough was still stridulous in character, and the veins of the neck and upper arms were not perceptibly less distended. The inequality of the radial pulses had not disappeared.

"This is the sum of the improvement after a treatment of six weeks; and it is certainly a striking result in so unmanageable a disorder as a protruding aneurism of the arch of the aorta.

"[Since the delivery of this lecture the patient has continued the use of the iodide of potassium up to the present time (Dec. 23). An obstinate diarrhœa necessitated the diminution of the iodide to five grains three times a day. The bulging of the first bone of the sternum is conspicuously less, and the limits of dulness correspond to the following dimensions: transversely, three inches and a half; vertically, two inches and a quarter.

"The state of the radial pulses, and of the superficial veins of the neck and arms, together with the character of the voice, remain unaltered; and there is decided emaciation.]

"I will now relate to you the history of two other cases, within my knowledge, of aneurism treated with iodide of potassium.

"About a twelvemonth ago, I saw in consultation with Mr. T. Windsor, who first called my attention to this mode of treating aneurism, a lady, twenty-nine years of age, suffering from an undoubted aneurism of the arch of the aorta, implicating the commencement of the arteria innominata. There were violent pains on the right side of the head, paroxysmal dyspnœa, excessive pulsation at the root of the neck on the right side, and sleeplessness. A dull space extended from a little to the inside of the right sterno-clavicular articulation for a distance of two inches outward. Over this space there was a heaving pulsation. No murmer existed with either sound; but the sounds were intensified over the arch, and towards the clavicle. Repeated slight hæmoptysis had been observed.

"For an account of the further progress of the case, and the treatment, I am indebted to Mr. Windsor.

"In the succeeding six months the condition of the patient becomes steadily aggravated in spite of a perservering observance of the recumbent posture and a regulated diet. On several occasions the voice was temporarily lost; in addition to some dysphagia, there was constant troublesome cough, with tenacious scanty expectoration, and occasional severe paroxysms. The difficulty of breathing and pains were often so severe, that the patient was forced to quit her bed, and to walk about. She had become considerably emaciated, and so weak as to be unable to leave her room. The clavicle also began to project, and at length stood out half an inch beyond its natural level. The pulsation at the root of the neck increased; and the right eye became the seat of a severe congestion.

"The iodide of potassium was first administered in April last in the hope of diminishing the pains in the head. The desired effect was speedily produced; and the medicine was discontinued after it had been used a week. In July, the patient growing daily worse, and a fatal termination appearing not to be very far off, Mr. Windsor again administered iodide of potassium in doses of five grains three times a day. This quantity was shortly after increased to ten grains; but owing to the occurence of violent salivation, the dose was again brought down to five grains. This quantity agreed; and the patient has been taking it until the present time, with great benefit, as you shall hear. The general symptoms subsided quickly; the cough, pain, dyspnœa, and dysphagia, disappeared; the occasional hæmoptysis ceased to recur; the patient gained flesh and strength, and two months ago she was able to walk six miles; and, more important than all, the projection of the clavicle progressively receded, until it has now almost gone back to its natural position.

"The third case which has come under my personal notice is a patient of my colleague Dr. Wilkinson.

"This man was admitted into the infirmary on October 20th, with a thoracic aneurism coming forward in the neck. In a few days it formed a tumour as large as a child's head, extended on the left side from the clavicle almost to the angle of the jaw, causing very great distress; and passing on to what appeared a speedy termination by rupture. This man was put under gradually increasing doses of the iodide of potassium until the quantity attained was fifteen grains three times a day. No positive amelioration can be said to have taken place in the condition of the aneurism; but the distress is scarcely so great as it was, and the rapid growth of the tumour seems to have been stayed.

"[Seventeen days after the delivery of the lecture, Dr. Wilkinson's patient died. Death took place from pressure of the tumour on the left pneunomogastric nerve, and consequent pulmonary mischief. The vagus trunk was flattened out and atrophied for the space of an inch and a half in the neck. Only a few nerve-tubules could be discovered in this part by the microscope. The left lung was the seat of several patches of gangrene as large as hen's eggs, surronnded by arrears of consolidation. The pulmonary gangrene had been detected a week before death. The sac of the aneurism was lined with thick layers of coagulated fibrine; and a large firm branched clot attached by a somewhat broad pedicle to the upper parts of the parieties, floated freely in the sac.]

"So far as I know, the first notice of the use of iodide of potassium in aneurism occurs in a clinical lecture of Professor Nélaton (*Clinique Européenne*, July 1859). M. Nélaton had been consulted by a Pole on account of a tumour in the lower part of the neck. Several physicians of eminence, Bouilland, Andra, Beau, had previously seen the case, and had diagnosticated an aneurism of the innominate artery of the aorta. The patient stated that while residing at Warsaw, iodide of potassium had been administered to him with great relief. Nélaton took the hint and prescribed the same. To his astonishment, a very notable ameloriation followed, which went on almost to complete disappearance of the tumour, and the patient returned to his country in a satisfactory state of health.

"In a late number of the same journal (Aug. 27th, 1859), you may find a very brief account of a number of cases by Bouillaud. One was a woman with aneurism of the carotid artery. Iodide of potassium was administered in *gramme* doses; then in two-*gramme* doses for two months. At the end of that time, the tumour, previously as large as a piegeon's egg, had diminished almost to disappearance. The second was an aneurism of the aorta and innominate in a man. The tumour, which had a very considerabe volume, had suffered displacement and very great diminution of size under iodide of potassium. The case was under treatment when reported.

"A third instance related to a large aneurism at the point of origin of the carotid and subclavian. The tumour had diminished considerably in a few weeks under the iodide.

"A colonel with an aneurism of the carotid furnishes a fourth case in which Bouillaud saw the tumour almost wholly disappear after taking the same drug.

"The next reference to the subject comes from a wholly independent source, and is, for that reason, of additional value. It occurs in a paper by Dr. Chuckerbutty of Calcutta, published in the 'British Medical Journal' for July 1862. He gives an account of four cases.

"The first of these was an aneurism of the innominate artery growing steadily upward into the neck. The growth ceased on the administration of iodide of potassium in decoction of cinchona, and the sac gradually solidified. The patient, however, was carried off, some months afterwards, by an attack of bronchitis. The autopsy revealed a sac as large as a pear, filled with dense coagula, leaving merely a narrow channel on the outer aspect, through which the right carotid and subclavian arteries communicated with the aorta.

"In a second case, marked temporary relief followed the administration of the iodide in an immense aneurism of the aorta. The aneurism finally destroyed the patient by rupture. A *post mortem* examination three hours after death showed the sac to be filled with dense, solid coagula.

"In a third case of large aortic aneurism, temporary amendment took place so far that the patient left the hospital, considering himself cured. Three months later, he returned, with intense aggravation of all his symptoms, and died in a few days.

"In the fourth example, an aortic aneurism which formed a dome-shaped tumour two inches in diameter, coming forward through the sternum, had been treated in vain by turpentine, sulphuric acid, and other remedies. After the administration of iodide of potassium internally, and the application of tincture of iodine externally, the patient steadily improved in every respect; the thoracic pain disappeared, the swelling diminished, the hæmoptysis ceased, and the patient ate and slept like any other man.

"I do not wish too make too much of these facts. The erratic course of aneurismal tumours, and the occasional occurrence of spontaneous consolidation of their sacs are well known. Nevertheless, the twelve cases here brought together form a very remarkable series. In all of them, save one, striking relief of suffering followed the use of the drug; in eight, an undoubted diminution of the size of the sac took place; and in a few, complete subsidence of the swelling seems to have occurred.

"The cases of Dr. Chuckerbutty would appear to indicate that the beneficial effect of the iodide was owing to its power (hitherto wholly unsuspected) of increasing the coagulability of the blood. Dr. Wilkinson's case lends support to this view; for not only was the sac lined with layers of fibrine, but a very firm, decolorised, fibrinous mass, attached on one side, floated in the cavity of the aneurism. The value of the above observations, as bearing on the conclusion inferred, is greatly increased by the circumstance that they are derived from two distinct and wholly independent sources.

"Enough has certainly been advanced to encourage an inquiry into the power of iodide of potassium as a general hæmostatic; and to demand a fuller trial of its effects in internal and external aneurisms; in the treatment of which no internal remedy hitherto employed has succeeded in gaining even a temporary footing.—'British Medical Journal.

RUSSELL *v.* ADAMS.

REPORT OF MEETING AT FREEMASONS' TAVERN, ON TUESDAY, FEBRUARY 24, 1863.

On Tuesday last, a public meeting of members of the Medical Profession and others took place at the Freemasons' Tavern, Queen street Lincoln's-inn-fields.

The chair was taken by W. E. Foster, Esq., M.P., who said that the number of gentlemen then gathered together, the majority of whom were very busy men, showed how much they felt the object of the meeting. What were the facts the meeting had before it? A few days ago a charge was brought, in a civil court, against a man of eminence in his Profession, whose character stood to that time without stain. The charge which was brought in a civil court was, in fact, a criminal charge of the most serious character. If a Medical man made use of his position to gratify his passion, it was as much a criminal charge as was possible to be brought. That trial went on for three days and he ventured to say that, of the vast number of persons who read the reports of the trial in the papers, almost every one, or ninety-nine out of a hundred, wondered that it had lasted so long, and felt certain as to the nature of the verdict. Well, the trial lasted this time and the conclusion come to was a very extraordinary one. He did not mean to find fault with a British jury, but, though British jurymen sometimes protected our liabilities, they sometimes gave rather eccentric verdicts. The verdict was a compromise. This was one of the results of the British jury system. This comprise legally acquitted Mr. Adams and gave him costs, but it did not clear him before the public as he and his friends thought he ought to have been cleared. Then there was a sifting of the case by public opinion, by the press, and especially by the Medical press, the result of which would be still more conclusive than that before a jury. They all agreed that this second trial of Mr. Adams before the press and public opinion had been a conclusive acquital. Crime was, as they all knew infectious, and there would be danger of this case being followed by similar cases.

Dr. Lankester moved the first resolution—"That all classes of society are interested in supporting those who incur great trouble, annoyance and expense by resisting and exposing any attempt to injure their character by false charges,"—in an able and eloquent speech, in the course of which he said, that a similar attack might be made against any one of them by the distortion or falsification of facts. The clerical, legal, and artistic professions should equally sympathise in this movement. Perhaps the legal profession knew better how to take care of themselves. (Laughter). Instances were constantly occurring where men who were ministering to spiritual wants had there confidence betrayed, and were brought before a court of law in this way. It was only the other day he was called upon to arbitrate in the case of an artist, who had a young lady sitting to him for her portrait. She went at first in company with her mama and sister, but after some sittings she came alone. During one of these sittings she dropped a book, which was picked up, and in answer to an observation of the young lady, that the book belonged to the artist, he gallantly replied, "Oh! everything I have is yours," and this was construed into a declaration of marriage. (Laughter).

Mr. Edward Parker, who had been named as the seconder of this resolution, not being presant,

Dr. Joseph Rogers rose and said that he had attended there that day with a view to sympathise with Mr. Adams. He advocated the establishment of some associations to uphold the humbler members of the Profess on in defending in themselves against charges of this nature. The magnates of the Profession might look upon even 1000*l.* as nothing; but there were struggling members to whom the outlay even of a 5*l.* note would be a serious inconvenience. He was ready to admit that, on two several occasions, patients who had contracted a debt to him threatened to prefer charges against him of immorality with their wives. (Loud laughter.) The first man charged him in his own surgery, so he took the man by his collar, and turned him into the street with considerable violence, then proceeded against him in the county court, and recovered the debt; and against the second man he took legal proceedings, and smashed him at once. It was rather singular two such occurrences should take place in the practice of one individual. There was no doubt but that that gentleman (Mr. Adams) had fallen into the hands of a designing Irishwoman. He (Dr. Rogers) had had to do with some in a large metropolitan union, and he believed that they were the most artful, cunning, and scheming people on this earth. There was also among them the spirit of clanship, so that wherever they were Irishmen would support each other. They had been told there were Irishmen on that jury perhaps purposely put there. (Here confusion ensued, for the meeting disapproved of Dr. Rogers' attack on the Irish, and the speaker was called to order by the chairman.) He referred to the case of Rich *v.* Pierpoint, in which the defendant had suffered heavily. His object was to have some central committee to which a charge of this nature cou'd be referred.

Dr. O'Connor said he was there to support Mr. Adams, who, he thought, had vindicated his character; but he thought that, as it was currently reported that a Medical man belonging to a portion of the United Kingdom had been base enough to find means to prosecute this inquiry, and as he was sure that Mr. Adams would receive the hearty sympathy and support of the Medical Practitioners of Ireland, he deprecated the sneer against the people of this country thrown out by the foregoing speaker, and had yet to learn that they were so wanting in virtue, and sunk so low in social and moral degradation. He could not hear the people of his country aspersed in that room, in which had been heard the voice of O'Connell, Grattan, and Shiel. (Hear, hear, cheers, and great confusion, in the first interval of which the chairman informed Dr. O'Connor that the allusion had been repudiated by the meeting; had it been made with a personal application, he would at once have called the speaker to order.)

The resolution was then put to the meeting by the chairman, and carried unanimously.

H. H. Cannan, Esq., in moving the next resolution on the list—"That a careful consideration of the charge of the judge, and of the evidence adduced in the case of Russell *v.* Adams, should have led to an unqualified verdict for the defendant"—said that he was a relative of Mr. Adams, and had known him for twenty-five years, and during the whole of that period Mr. Adams' conduct had been that of an amiable and virtuous member of society, untiringly devoted to his studies and the duties of his Profession, most exemplary as a husband and father. He questioned the policy of the law which required that a jury should be unanimous.

Mr. Richardson seconded the motion in a brilliant and effective speech. He had been in the court during the whole of this trial, and not only heard the evidence, but seen the way in which that evidence was given. The play of feature often expressed more than words. There was not in the evidence adduced against Mr. Adams one tittle that amounted to an iota of proof of the charge brought against him. A case might be supposed of a Medical man visiting people, and receiving from them modest little favours as the only return they could make for his services; but here there was not one such that could be brought against Mr. Adams. But, even supposing Mr. Adams had on any occasion assumed any other character than that of a Medical man, there was no acknowledgment on his part that could be construed into the act of a lover—no attempt to misrepresent facts into what would constitute an assault. Therefore, he thought Mr. Adams had passed through the ordeal entirely unscathed. It should be borne in mind that the trial commenced on the assumption that Mr. Adams was a single man, and during the first few hours the decision of the jury was being formed on that. When the defence began, it was shown that he was a married man; so that the counsel for the plaintiff made two distinct charges against the defendant, who, in fact, went through two trials. It had also been stated that Mr. Adams saw Mrs. Russell at the Orthopædic Hospital. He never saw her there at all. She went there and asked for a list of Medical officers. She looked at the list, which Mr. Adams' name headed, and said, "Ah! Adam was the first man; let's go to Adams." (Loud laughter.) When Mr. Adams commenced his acquaintance with Mrs. Russell, he knew nothing of her daughter; her introduction was a long time after. He had treated Mrs. Russell most kindly before the daughter appeared upon the scene. There was also another fact which did not come out in evidence—namely, that there was a gentleman in court during the whole time who had been a "lover" of this young lady, and with whom matters had progressed so far, that the Russells got the wedding-dress made up, to persuade the poor old woman they lodged with that the marriage must come off, for the dress was made. (Laughter.) The charge of the judge, he thought, showed that he was strongly in favour of Mr. Adams; and he had pretty evident proof of that in the fact, that Mr. Lush had been so kind as to write a letter to himself, in which he stated his lordship's opinion, and, by inference, his direction:—

"60 Avenue road, February 20.

"My dear Sir,—Pardon my delay in answering your kind favour, for which I thank you heartly. I can truly say that I never was engaged in a case which gave me more anxiety, because I felt convinced that you were the victim of a foul conspiracy. It is a great comfort to me to know that my client is satisfied that I did my best.

"There is, as far as I can learn, but one opinion, in and out of court, as to the injustice done to you. Notwithstanding the inaccuracy and clumsiness of the report in the 'Times,' the case, as reported, has impressed every one whom I have heard express an opinion on the subject with the conviction that the verdict ought to have been entirely in your favour. I wished to know from the Chief Baron, before I advised you what to do, what his views were. I saw him yesterday; he complains, as I do, of the report of his summing up, and of the great injustice done to yourself by it; and when I told him that I meant to advise your publishing a shorthand authentic report of it *in extenso*, he at once said he hoped you would do so, and that he would revise it, if I wished, before going to press. This, I think, you should do at once; send it to me, and I will hand it to the Chief Baron. I am rejoiced to find that the Medical body are taking up the case; I have told more than one of that body they ought to do so. I hope you will not—I do not think you will—suffer permanently from this unaccountable verdict.

"Believe me, my dear sir, yours very truly,

"R. M. Lush."

The resolution was passed by acclamation; and the chairman then called upon W. W. Leaf, Esq., to move the following resolution:—"That this meeting offers to Mr. Adams a vote of thanks for his manly conduct in courting the fullest public investigation into his conduct, expressing deep regret at the annoyance to which he has been subjected, and firm conviction that there was nothing in his behaviour which gave the slightest ground for any charge against him." Mr. Leaf's speech was a glowing eulogy on Mr. Adams.

Spencer Wells, Esq., said: In the first place there was a vote of thanks to Mr. Adams for his manly conduct. It would have been much easier for him to have put 100*l.* down to have compromised the matter than to have exposed himself to the very heavy annoyance of a lawsuit, the uncertainty of a verdict, and the manner in which he was exposed to attacks from unscrupulous counsel. The case for the plaintiff was opened in a manner that well merited the severe censure passed upon it by the Chief Baron. When counsel, in representing a case to the jury, allowed them to draw unfair inferences, he exceeded the power he should have. The charge of the late Mr. Justice Coleridge—"never to do as an advocate that which he would be ashamed of as a gentleman" should have been applied in this case to the counsel for the plaintiff. A low and mercenary tone of the bar of England would be a national misfortune, because the dangerous classes would then feel they could hire counsel to take up any vile action, which a man would compromise sooner than let his character be blackened. With regard to the second part of the resolution, he would only say that there was not a Medical man who did not give as full, and perhaps fuller, opportunities of making a charge against him than Mr. Adams did.

Mr. William Jones, a member of the legal profession, in reference to an observation made by Mr. Spencer Wells upon Mr. Serjeant Shee, said that there was no more honourable an advocate, and he would not have misled the jury and the judge, but he had been misled himself upon the point. In reference to the evidence, he could not understand how it was that a verdict was not unanimously returned in favour of the defendant; the evidence was all one-sided. He might say that Mrs. Russell had not only been practising at Holyhead, but also at Conway, and she had been making a similar charge by trumping up a matrimonial alliance for her daughter. At that place her exigencies obliged her to have credit which she procured by representing her daughter as about to be married to a D.D.

Dr. Wood (of St. Luke's Hospital) said that a good many years ago, he supposed now nearly twenty, he knew Mrs. Russell, who at that time represented herself as the widow of a Medical man, and who had an only child, then about four years old. This child was a prodigy, and certainly he never knew a child so young play so well on the piano. Being a lover of music, and then a very young man, he took an interest in the widow, and did what he could to relieve their present necessities; but, after a time, found Mrs. Russell was very well able to keep herself. He thought the Mrs. Russell he referred to was the one Mr. Adams had unfortunately known.

Dr. O'Connor said it was a serious point as to how far these persons were independent of any encouragement. There was a general rumour which ought to be cleared up, that some person connected with the Medical Profession had lent himself to this dastardly attack upon Mr. Adams. No one doubted for an instant that it was a conspiracy, but, if it was one, the real root of the evil should be discovered. It was ridiculous to suppose these two adventurers could come forward and prosecute a respectable man like Mr. Adams without some aid; and the Medical Profession generally would want to know what Medical man was at the bottom of this? Be he high or low, rich or poor, great or small, noble or ignoble, they should unearth him, and—

"Exalt his carcass
Sublimely on the gibbet that miles around
It would be a sign and monument
Of infamy."

The Chairman said that he would be guided by the wishes of the meeting in reference to letters which had been put into his hands. He then put it to the vote if the letters should be read, and, there being but three dissentients, read the following communications:—

(1.)

"5 Henrietta street, Cavendish square, December 23, 1861.

"My dear Mr. Propert.—I have had a letter forwarded to me by Mr. Toynbee from a Mrs. Russell, who has for the third time applied to the Med. Benev. Fund for assistance, and your name is made use of as a referee.

"Fearing that, like myself, you may have been deceived by the plausible tales and touching appeals made up by these people, the Russells, I send you a few lines to say that beyond all doubt they are thorough impostors, and I enclose a copy of the letter to Mr. Toynbee in which your name is made use of, and also a copy of my reply to Mr. Toynbee's note to me requesting information respecting this case. When I believed in the tales told by Mrs. Russell and her daughter and heard of their distress I not only assisted them with money, but sent them to Mr. Toynbee who obtained one grant of 5*l.* for them. Very judiciously, however, the Secretary of the Fund made independent inquiries—and if I had only known the result of these inquiries, it would have saved me both money and annoyance, but in the last report, recently issued, case 42, you will see the statement, 'Visited, and believed to be a begging letter-writer and deemed unworthy of credit.' This refers to Mrs. Russell, whose name is abbreviated.

"The Russells constantly speak of their friend Dr. Hawkins, whom they represented to me as Dr. F. Hawkins of London, and indeed it was very much through seeing a letter signed 'Hawkins,' that I was induced to place any confidence in Mrs. Russell. It now seems that this was Dr. J. V. Hawkins of Lynn, to whom I intend to write. I shall be happy to give you further information respecting these Russells if you require it.

"Very faithfully yours,
"Wm. Adams.

"J. Propert, Esq."

(2.)

"6 New Cavendish street, December 4, 1861.

"Dear Sir,—I have perus'd your letter and enclosures, which have rather surprised me, more especially as a tale of a very different character has very recently been plac'd before me, which I cannot conceal from you made my hair stand on end; and as from a sort of common consent I am in some measure look'd upon as the friend and protector of the Medical men's widows I was on the point of placing the whole of the case for investigation in the hands of my solicitor, but intended to-day (previous to calling upon him) to see you and learn something respecting your acquaintance with the widow Russell and her lovely daughter!—and I must contess that the unmeasur'd terms you have pour'd out your wrathful indignation against them, has (pardon me for saying so) rous'd my suspicion greatly. Glad indeed shall I feel to find that the tale is unfounded when it has been properly investigated. "I remain, dear sir, very truly yours,

"Wm. Adams, Esq." "John Propert.

(3.)

"34 Cannon street West, December 30, 1861.

"Sir,—My client Mr. W. Adams has forwarded to me your letter to him and instructed me to afford you any information in my power which may assist you or your solicitor in the investigation which you state is to be your intention to make—I may perhaps be permitted to say that so far as I am acquainted with any charge advanced against him by either Mrs. or Miss Russell it is wholly without foundation and that I have no doubt of being able to substantiate what I say should the necessity arise.

"I am, your obedt. servt.

"John Propert, Esq." "John Mackrell.

(4.)

"6 New Cavendish street, January 1, 1862.

Sir,—In answer to your communication I beg to say, that I feel oblig'd to you and your client for your generous and disinterested offer!—I have every confidence in my solicitor that he will be able to conduct matters satisfactorily—Glad, indeed, shall I feel, for the honour of our noble Profession, should a jury coincide with you in opinion.

"I remain, sir, obedt. servt.

"J. Mackrell, Esq." "John Propert.

(5.)

"34 Cannon street West, January 18, 1862.

"*Re Mrs. Emily Russell.*

"Sir,—I shall be obliged by your giving me an appointment to see you to lay before you information which has been furnished me herein, and I shall be happy to meet your solicitor also if you wish it.

"I am, yours faithfully,

"Jno. Propert, Esq." "Jno. Mackrell.

(6.)

"6 New Cavendish street, January 18, 1862.

"Sir,—I hasten to acknowledge your letter this morning receiv'd, and to say, that I am compell'd reluctantly to decline the honour of a visit from you, as, whatever you may have to say against Miss Russell, will have better effect, if true, before a jury—and for the honour of our Profession I do earnestly hope your client will be able to clear himself, or more plainly speaking, *not guilty*—at the same time as a lover of my honour'd Profession, I should MUCH prefer that such an action were never allow'd to appear in the Court of Queen's Bench, against an honour'd member—but matters now must take their course!

"I remain sir, your obedient servt.

"John Mackrell, Esq." "Jno. Propert.

(7.)

"34 Cannon street West, January 22, 1862.

"Sir,—I have no wish for an interview with you in opposition to the views expressed in your letter of the 18 inst.

"I consider however that you ought not to have made such use of my letter to you as to entail upon me the scurrilous communication I have received to-day and of which I think it right to send you a copy.

"I am, your obedt. servt.

"John Propert, Esq." "Jno Mackrell.

[*** This seems to refer to some communication from the Russells, of which we have no copy.—Ed.]

(8.)

"6 New Cavendish street, February 24, 1863.

"My dear Churchill,—I think after the many years of uninterrupted friendship that has existed between us—you might strain a point to defend the hard working Welshman, that is, *provided* you should hear it said to-day at the meeting 'that I had brought the action Russell *v.* Adams'—when I say 'so help me God' I had nothing to do with it; proceedings had been begun MONTHS before I ever knew that such people existed in the world as Mrs. Russell and her beautiful daughter, *and that I never contributed, or ever promis'd to contribute one farthing towards the expense of the trial!!*

"Ever most truly yours,

"J. Churchill, Esq." "John Propert.

The Chairman said he would not make any comment upon the letters, but let them speak for themselves, and gentlemen could then form their own opinion upon them.

Dr. O'Connor asked the name of Mr. Propert's solicitor?

Mr. Cannan said he believed it to be Pike. The gentleman who conducted the prosecution was not Mr. Propert's solicitor.

The Chairman:—I understand that before this case was brought forward, Mr. Adams entered into a correspondence with Mr. Propert. One or two solicitors had taken the matter up, but had given it up. (Hear, hear.)

Mr. Dangerfield, moving the last resolution—"That a petition be presented to Parliament, praying that a committee may be appointed to inquire into the reforms necessary in the present legal proceedure, and praying especially that greater facilities may be given for prosecuting persons who make unfounded attacks upon character"—said, the meeting had not only a sympathetic but also a practical character. There were, at present, several anomalies in the law, some of which he could point out. It was a curious thing, that threatening to make a charge against any one, to extort money, or with the appearance of an intention to extort money, was criminal; but, if the charge itself was brought, that was not criminal. With regard to the law of conspiracy, however artful a person might be, yet, unless two persons combined, an indictment would not lie. In the law of perjury, when a witness was sworn to facts totally inconsistant with the truth, and capable of being contradicted, an indictment will not lie against that individual unless evidence can be contradicted by two witnesses. There was also another matter to which he would draw their attention. In this case of Mr. Adams, evidence could have been given, in favour of Mr. Adams, of charges of this nature having been previously made in Wales. The judge would not receive that evidence, because it was an immaterial issue, on which, too, an indictment for perjury cannot lie (?) A thing Lord Brougham had given various reasons in the House of Lords for was, that there should be a public prosecutor. He thought the law should be altered, for the purpose of giving persons, attacked as Mr. Adams had been, greater facilities for redress.

J. Churchill, Esq., supported the resolution. It was felt that a great injustice had been perpetrated upon Mr. Adams, and it was to the law that this resolution addressed itself. Mr. Adams had been the victim in this action, in the next, perhaps some gentleman in the room who least expected it. (Laughter.)

The resolution was then proposed, and carried unanimously; and a vote of thanks to the chairman concluded the proceedings. —'Medical Times and Gazette.'

Births, Marriages, and Deaths.

BIRTHS.

Borrett.—On the 19th ult., at Sherborne, the wife of J. Borrett, M.D., of a son.

Clapton.—On the 19th ult., at St. Peter's hill, Doctors' Commons, the wife of W. Clapton, F.R.C.S.E., of a son.

Graham.—On the 22nd ult., at Acre terrace, Liverpool, the wife of A. F. Graham, M.D., of a son, still-born.

Jeans.—On the 19th ult., at Grantham, the wife of J. W. Jeans, M.R.C.S.E., of a daughter.

Maclatchy.—On the 19th ult., at Woodend cottage, Kilmarnock, Ayrshire, the wife of J. Maclatchy, M.D., of a daughter.

Saxby.—On the 9th ult., at Baltasound, Shetland, the wife of H. L. Saxby, M.D., of a daughter.

Vickery.—On the 16th ult., at Wexford, the wife of J. D. Vickery, M.D., of a son.

Wilson.—On the 16th ult., at the County Lunatic Asylum, Morpeth, Northumberland, the wife of R. Wilson, M.R.C.S.E., the Medical Superintendent, of a son.

MARRIAGES.

Anderson—Somerville.—On the 18th ult., at Edinburgh, J. Anderson, M.D., of Wakefield. Yorkshire, to Helen, youngest daughter of the Rev. A. Somerville, D.D.

Barker—Chesman.—On the 16th ult., at Sheffield, Elijah Barker, Surgeon, to Mary Ann, daughter of T. Chesman, F.R.C.S.E., of Sheffield.

Crisp—Moore.—On the 14th ult., at Moreton-in Marsh, Walter Crisp, M.R.C.S.E., Staff Assist.-Surg. Army, to Ellen, fourth daughter of G. Moore, Surgeon, of Gloucestershire

Hislop—Hislop.—On the 17th ult., at Anderston, J. Hislop, L F.P.S. Glasg., to Mary Muirhead, youngest daughter of R. Hislop, Esq.

DEATHS.

Jones.—On the 11th ult., at Toquay, W. H. Jones, M.D., Staff Assist.-Surg. Army, aged 24.

Lovett.—On the 19th ult., at Clare street, Lincoln's inn fields, S. Lovett, M.R.C.S E., aged 58.

Woods.—On the 20th ult., at Sandford, near Dublin, Dr. W. H. Woods, Surgeon R.N., aged 36.

Woods.—On the 21st ult., at Ilchester, R. Woods, Surgeon.

MEDICAL NEWS.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise on the 19th inst.:—George John Blasson, Guy's Hospital; John Berry Mulock, London; John Robinson, Winterton, Lincolnshire; Arthur Wiglesworth, Liverpool; Frederick Wright, Stamford bridge, Yorkshire.

The following gentlemen also on the same day passed their first examination:—Edward Ashwell Burnham, Guy's Hospital; Chauncy Puzey, Guy's Hospital.

The Deaths in the London Hospitals and Asylums during the year 1862 amounted to 4,532.

Death of Dr. Guggenbuhl.—This physician, the founder and director of the Cretin establishment in Switzerland, has just died. He is reported to have left a large fortune.

Bills of Mortality were first published in London in 1562, in which the plague caused eighty-five per cent. of the whole number of deaths.

Surgeon-Dentist to the Prince of Wales.—His Royal Highness has been pleased to appoint Edwin Saunders Esq., to be Surgeon-Dentist.

Births In London in 1862.—There were 97,418 births in London during the past year, of which 49,187 were boys and 48,231 were girls.

Royal Hospitals of the City of London.—The Court of Common Council have ordered the Book of Memoranda, References and Documents relating to the Royal Hospitals of the City of Loudon to be reprinted.

Social Science Association.—At a meeting of the Council of the Association, held on Thursday last, Lord Brougham was unanimously elected President for the next annual meeting, which will be held in Edinburgh in October.

Memorial Window.—A handsome memorial window has been erected in St. Anne's Church, Dublin, by the subscriptions of the friends and admirers of the late eminent surgeon, Mr. William Cusack, at the north side of the aisle. The paintings comprise several appropriate scripture subjects.

Barrington's Hospital, Limerick.—The late Marquis of Lansdowne, by his will, bequeathed the munificent sum of 3000*l.* to be expended "for the benefit of the said hospital, provided that it shall be open at all times for the natives of the county of Kerry."

Small-pox in Scotland.—During the past year the small-pox was very prevalent at Edinburgh and Leith. In the Report of the Registrar General, it is stated that the disease was carried from Leith to several parts of Scotaland, which raises the important question whether some legislative enactment is not necessary to prevent persons labouring under epidemic disease from travelling by railways, steamboats, or other public conveyances.

Two Recent Cases of Ovariotomy in France.—M. Valette, of Lyons, lately performed the above mentioned operation on a patient thirty-eight years of age. The lady had applied to M Valette about four years ago, and, after repeated tappings, had been brought by the disease to so low a condition, that the surgeon was obliged to consent to the operation of ovariotomy, loudly demanded by the patient. The latter died soon after the large cysts were removed, and M. Valette attributes the fatal issue to the shock of the operation, as there was neither peritonitis nor hæmorrhage. He determines that, in his next operation, opium and stimulants shall be more largely used. *The Gazette des Hopitaux*, of the 14th of February, also states that the patient on whom M. Nélaton lately performed ovariotomy has died. No details had then transpired. M. Valette's case is fully reported in a late number of the *Gazette Hebdomadaire*

An Anti-Vaccination Association.—It is stated in the *Gazette de Médicale de Paris* of Jan. 31st, that at Stuttgart, in Germany, an association has been formed to petition the Government against obligatory vaccination. The prospectuses issued are most violent in language, and it is said that a well-known physician is the prime mover in the affair.

The Levee.—His Royal Highness the Prince of Wales held a levée on Wednesday, by command of her Majesty, on which occasion the following members of the medical profession attended:—Sir Rutherford Alcock, K.C.B., F.R.C.S., Her Majesty's Envoy-Extraordinary and Minister-Plenipotentiary in Japan; Sir Henry Holland, Physician in Ordinary to the Queen; Mr. William Lawrence, Serjeant Surgeon to the Queen; Mr. William Fergusson, Surgeon-Extraordinary to the Queen. Doctors—Lavies, Pickford, Dalton, Arthur Farre, Cape, Jeaffreson, J. Stevenson Bushnan, T. de Meschier, E.A. Parkes, G.T.D. Evans, F.G. Read, Breslin, E. Meryon, Robert Ferguson, Farr, Watson, Granville, Ramsbotham, Alexander Bryson, Goolden, Smith, Waller, Lewis, Forbes Winslow, Gideon Dolmage, T. G. Balfour, Alexander Marsden, Mc Cann, Ashley, Kirkman, Fraser, Routh; Deputy Inspector-General Thomas Longmore, Professor Owen. And Messrs. Wakley, Reeves, Tracr, White Cooper, R. W. Tamplin, Deanly, W. Sands Cox, Propert, Thomas Fitzgerald, B. E. Brodhurst, S. S. Scriven, G. B. Childs, Judd, Erasmus Wilson, and R. McCormick, R.N.

St. Bartholomew's Hospital.—A meeting of the governors was held on Wednesday in the hall of the hospital, to elect a President in the vacancy occasioned by the resignation of Mr. Cubitt, who. it may be remembered, held office, but resigned it when he dissolved his connexion with the City, at the same time intimating that his resignation was owing to the objections started by others rather than the free exercise of his own will. The Lord Mayor was put in nomination, and Mr. Cubitt was then proposed for re-election, and, on the votes being taken, was declared to be elected by a majority of 87 votes over 44.

University College, London.—The Council at their session on

Saturday last filled up the vacant offices of Physician and Professor of Clinical Medicine at the Hospital by the appointment of Dr. Hare; and they appointed Mr. Sidney Ringer to the vacant Professorship of Materia Medica. By the recommendation of the Senate of the College, the Council invited Dr. Walshe, lately Professor of the Principles and Practice of Medicine, to assume the title of "Emeritus Professor."

University of Dublin.—On the occasion of the installation of the Right Hon. the Earl of Ross, as Chancellor of the University of Dublin, the honorary degree of Doctor of Medicine was conferred on the president of the Dublin College of Surgeons; on Professor Jacob, and Mr. Richard G. H. Butcher, Surgeon to Mercer's Hospital.

The Deaths in London in 1862 from all causes were 66,950, of which 34,133 were males, and 32,817 females. The greatest number occurred in the forty-eighth week, ending 29th of November, when they rose to 1745. In that week the mean temperature of the air fell to 37·1°. The least number occurred in the twenty-eighth week, and was 1065, when the mean temperature rose to 52·2°.

East Indian Medical Service.—The late meeting of East Indians, of Madras, to protest against the exclusion of their class from Her Majesty's Medical Service, resulted in the formation of an association, with which European colonists and native Christians, as well as members of other semi-political associations, and public-spirited individuals who manifest an interest in the well-being of the country, were invited to join.

The Coronership for Rutland.—Mr. William Henry Hough, solicitor, has resigned his office as one of the coroners for the county of Rutland, and Messrs William and John Thomas Keal, surgeons, and brothers, are candidates for the same. The contest is expected to be very animated.

Infanticide in Liverpool.—It appears from a return just published, that no fewer than 248 coroners' inquests were held in this borough during 1861 and the first half of 1862 on children under two years of age, in twelve of which cases verdicts of murder were returned, besides which were many of a suspicious nature, and a very large proportion in which death resulted from negligence.

Discoveries at Pompeii.—M. Fiorelli, inspector of the excavations, has discovered the hardened ashes of the perfect mould of a man in a lying posture, the skin of which had dried up, but the skeleton remained intact. M. Fiorelli caused plaster of Paris to be poured into the form of the Pompeiian, and the castings succeeded perfectly, with the exception of two fragments of an arm and a leg, where the mould was incomplete.

Appointments.—A. Ball, M.R.C.S.E., has been elected Hon. Sec. and Treasurer to the York Medico-Ethical Association, *vice* Oswald A. Moore, M.R.C.S.E., deceased. — R. Biggs, M.R.C.S.E., has been appointed, with the sanction of the Lord Chancellor, to act as Deputy Coroner for North Somersetshire, in the stead of Mr. Bennett, who is in delicate health.—Harris Butterfield, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Hill District of the Crickhowell Union, Brecknockshire, *vice* Wm. F. Tuckett, L.R.C.P.Ed., whose term of office has expired.—W. J. Callon, M.D., has been elected a Member of the Liverpool Literary and Philosophical Society.—W. F. Clarke, M.A., M.R.C.S.E., has been appointed Surgical Registrar to King's College Hospital.—T. J. Crean, L.R.C.S.I., has been elected Medical Officer and Public Vaccinator for the Marlfield Dispensary District of the Clonmel Union, Counties Tipperary and Waterford, *vice* Fitzgibbon, appointed to the Clonmel District.—J. M. Duncan, M.D., of Edinburgh, has been elected a Fellow of the Royal Society of Edinburgh.—R. Dyce, M.D., has been appointed Consulting Physician for life to the Royal Infirmary, Aberdeen, on resigning as Physician.—P. Fitzgibbon, L.K.Q.C.P.I., has been elected Medical Officer and Public Vaccinator for the Clonmel Dispensary District of the Clonmel Union, Co. Tipperary, *vice* J. W. Dowsley M.D., deceased.—C. J. Hare, M.D., has been appointed Professor of Clinical Medicine at University College Hospital.—G. J. Hearder, M.D., has been appointed Assistant Medical Officer to the County Lunatic Asylum, Worcester, *vice* W. J. Hunt, L.R.C.P. Ed., appointed Medical Superintendent and Manager of the Hoxton House Lunatic Asylum.—Mr. Howson has been elected Dispenser to the Stockton-upon-Tees Dispensary, *vice* Temple, resigned.—J. S. Kilgour, M.D., has been elected Physician to the Cheltenham General Hospital and Dispensary, *vice* W. Gibney, M.D., resigned.—J. Knill, L.R.C.P. Ed., has been elected Medical Officer and Public Vaccinator for the Nettlebed District of the Henley Union, Oxfordshire, *vice* T. F. Edgeworth, M.R.C.S.E., resigned.—C. F. du Pasquier, F.R.C.S.E., has been appointed Surgeon-Apothecary to the Household of H.R.H. the Prince of Wales.—S. Ringer, M.R.C.S.E., has been appointed Professor of Materia Medica at University College Hospital.—J. Thomson, L.F.P.S. Glas., has been appointed Certifying Surgeon under the Factory act for the District of Kilmarnock, *vice* J. Mitchell, L.F.P.S. Glas., deceased.—J. G. Wilson, M.D., of Glasgow, has been elected a Fellow of the Royal Society of Edinburgh.—L. Winterbotham, M.R.C.S.E., has been appointed Surgeon to the Cheltenham Female Orphan Asylum, *vice* C. J. Hawkins, F.R.C.S.E., resigned.

APPOINTMENTS FOR THE WEEK.

Wednesday, March 4.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m. University College Hospital, 2 p.m.; Royal College of Physicians, 5 p.m.—Croonian Lectures: Dr. Risdon Bennett, "On some Points connected with Bronchitis, and its Results;" Obstetrical Society of London, 8 p.m.—Dr. Shortt, "On Woman's Life in Southern India."—Dr. Clay, "Observations on Ovariotomy, Statistical and Practical;" also "A Successful Case of entire Removal of the Uterus and Appendages."—Dr. Broadbent, "On Displacement of the Bladder as a Cause of Tedious Labour."

Thursday, March 5.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m., Vesico Vaginal Fistula, 2 cases, Fibrous Tumours, 2 cases; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m. Prof. Frankland, "On Chemical Affinity;" National Hospital for the Paralysed and Epileptic, 4 p.m.—Dr. Brown-Séquard, "On the Diagnosis and Treatment of the Various Forms of Paralysis and Epilepsy;" Royal College of Surgeons of England, 4 p.m.—Prof. Huxley, "On the Structure and Development of the Vertebrate Skeleton;" Chemical Society, 8 p.m.—Mr. J. B. Lowes, "On the Assimilation of Nitrogen by Plants;" Harveian Society, 8 p.m—Clinical Discussion.

Friday, March 6.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Physicians, 5 p.m. — Croonian Lectures:—Dr. Risdon Bennett, "On some Points connected with Bronchitis, and its Results;" Royal Institution, 8 p.m.—Dr. W. A. Miller, "On the most Recent Spectrum Discoveries."

Saturday, March 7.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Max Muller, "On the Science of Language;" Royal College of Surgeons of England, 4 p.m.—Prof. Huxley, "On the Structure and Development of the Vertebrate Skeleton;" Medical Society of London, 5 p.m.—Anniversary Meeting. Oration by Dr. Habershon.—6½ p.m. Dinner.

Monday, March 9.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.; Royal Institution, 2 p.m.; Medical Society of London, 8½ p.m.; Epidemiological Society, 8 p.m.

Tuesday, March 10.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.; Royal Institution, 3 p.m.; Royal College of Surgeons of England, 4 p.m.—Prof. Huxley, "A Review of the Classification of the Mammalia;" Ethnological Society, 8 p.m.; Royal Medical and Chirurgical Society, 8½ p.m.

NOTICES TO CORRESPONDENTS.

The St. Andrews' Degree.

Several correspondents having written for information with respect to the Degree to be granted in future by this University, to aged members of the Profession,—we are able to state that 1st. The fee is fifty pounds.—2nd. The subjects of examinations will be:—1st. Materia Medica, in so far as the actions and uses of Medicines are concerned; 2nd. Practice of Medicine; 3rd. The general principles of Surgery, but not Operative Surgery; 4th. Midwifery; 5th. Medical Jurisprudence, without including the more delicate chemical processes in Toxicology.

No applications will be received after April 6th.

J. W.—1st. No.—2nd. No.

X.—Homogenesis of Natural forces means the similar origin, or convertibility of forces one into another, as of motion into electricity, and electricity into heat, &c.

Chirurgus.—Nothing further can be done in the matter.

A Subscriber.—A plain water-bed can be hired of Spencer and Co., of Billiter street, for 17s. 6d. a month, the charge for the first month being, however, 1*l.* 10s.

Mr. Howard.—Received.

Mr. Osborne.—Request complied with.

Dr. Evans.—We are unable to give the information required.

Croton Oil.—Your observations are quite unsuited to our taste; we therefore decline them.

A Hardworking General Practitioner will see the subject of his letter treated in the leading article of the present number of the Circular. We certainly think that a "Defence Association" might produce good results.

M.R.C.S.—We are not aware that there is any intention to get up a subscription for Mr. Adams: the reverse has been stated.

Mr. S. Williams is thanked for his communication.

A Reader.—We cannot prescribe in the Medical Circular. Consult any respectable medical practitioner.

A Licentiate.—1st. Yes.—2nd. Information on all the branches named will be required.—3rd. Apply at the office of the Admiralty Board.

Mr. Thomas B.—1st. Quite correct.—2nd. The charges are moderate.

Mr. A. Johnston.—Mr. T. Carr Jackson is surgeon to the Institution.

HOSPITAL FOR INFANCY.

(MR HENRY ROGER'S WARDS.)

Coincidence of hæmorrhage from the ear with hooping-cough —Otitis in childhood—Remarks on mumps.

Hooping-cough is occasionally complicated by hæmorrhage from the ear, which, doubtless on account of its rare occurrence, has not hitherto been noted by French authors. Some years ago, Mr. Blache observed an instance in point, in a little girl, who also presented extravasation of blood beneath the conjunctiva, the sanguineous discharge from the ear recurring during violent paroxysms of cough. A similar case was noticed this year in the wards of the same practitioner. The patient was a little girl, who during the catarrhal stage of hooping-cough, bled from the meatus when fits of coughing supervened. While passing through his colleague's wards, Mr. Roger stopped for a moment at the child's bedside, and the blood was distinctly seen to pour out in a stream from the ear, a circumstance which probably implies perforation of the membrana tympani. Mr. Roger further remarked that for eighteen months the child had suffered from otorrhœa, consequent on measles, whereas, in Mr. Blache's first patient no antecedent otitis or otorrhœa had been observed.

Although in these cases, Mr. Roger conceives the paroxysms of coughing to be the immediate cause of the hæmorrhage, he unhesitatingly ascribes its primary origin to the structural changes induced by chronic inflammatory action in the lining membrane of the meatus, which has become more soft and vascular. In general, the professor refers hæmorrhage during the progress of hooping-cough, to the passive congestion occasioned by the frequent return of the fits, and in some degree to a change in the constituents of the blood. Hence, the practical conclusion arises, that not only is it proper to have recourse to local astringents, such as alum, tannin, the solution of sesqui-chloride of iron, &c., but that it is moreover indispensable to prescribe generous diet and tonics, and to resort to every measure calculated to improve the condition of the system (*a*).

Hæmorrhage from the meatus is unfrequent in childhood, but not so otitis, which may lead to serious consequences, and was therefore chosen by Mr Roger as the text of one of his lectures.

Five little girls suffering from inflammation of the ear, are at present in the wards. In three cases, acute primary otitis has supervened during the progress of bronchitis; we have alluded to the fourth patient, who is affected with secondary chronic otitis, consequent on measles; the fifth is an instance of scrofulous otitis, accompanied by fetid discharge, disease of the bones, and paralysis of the facial nerve. One of the children is more than five years of age, two are aged four years, and two are but two years old. The frequency of otitis in early childhood is due to the liability of infants to catarrhal affections, and the great tendency of the latter to become general. Thus, coryza or bronchitis may be followed or complicated by inflammation of the ear. Eruptive fevers, the herpetic or scrofulous diathesis, are also predisposing circumstances. Primary otitis is, like coryza and bronchitis, almost invariably the result of exposure to cold, and is not unfrequently complicated by wry-neck, or torticollis.

Otitis sets in in a manner at once sudden and deceitful. The child is feverish when he goes to sleep, and awakes with pain, and as he is generally too young to give any explanations as to the seat of his sufferings, the agitation and screams are referred to their more usual cause, colic. The infant, however, sometimes by instinct raises his hand to his ear; this may afford a clue to the diagnosis, but when the child can speak, an error cannot so easily be committed, and on examination of the ear, the meatus will be found slightly swelled, and the concha tender on pressure. This condition persists, and is subject to remissions, either spontaneous or due to the measures of treatment adopted, the pain being the result of the pressure caused by the variable swelling and congestion of the dense mucous texture. In general, however, the symptoms subside in the course of two or three days, unless the other ear becomes also affected. The pain and fever yield as soon as a few drops of liquid exude from the meatus, and stain the child's pillow or head-dress. The secretion follows the usual course of catarrhal discharges, and gradually decreases in quantity together with the slight deafness which accompanies it from the eighth or ninth day to the fifteenth, a period which the disease never exceeds.

This is the form of primary otitis most commonly met with in practice. Let us now turn to the consideration of the secondary variety, which Mr. Roger views as a consequence of eruptive and typhoid fevers.

It is a fact of general observation, that during the early desquamative stage of scarlatina, inflammation of the ear is a frequent result of the extension of the irritation to the Eustachian tube. In measles, otitis supervenes at a later period. In small-pox, it chiefly coincides with suppuration, or may result from the presence of an ulceration, or of a pustule in the passage. In typhoid, Mr. Roger conceives that otitis is due to a twofold cause; in the incipient period it results from congestion of the mucous membrane, and at the conclusion of the fever, from the tendency to ulceration.

Another form of otitis is very frequently observed in childhood, and is connected with herpetism. Impetigo and eczema of the face and scalp are extremely common in infancy, and may occupy the meatus, reach the drum of the ear, and induce changes which lead to permanent deafness. In this respect, however, the variety here alluded to is by no means so formidable as that which is consequent on typhoid fever, or as the tubercular or strumous form, an instance of which is to be seen in Mr. Blache's wards.

Mr. Roger graphically described the melancholy condition of this child, who is in her sixth year, and in whom disease of the petrous bone has occasioned paralysis of the face, and a fetid discharge, and he showed the irremediable nature of these deep-seated alterations, especially when, as in the present case most probably, they are the result of tuberculosis.

The resources of art are here of no avail, and little can be done beyond local counter-irritation, and the exhibition of medicines calculated to modify favourably the scrofulous or tubercular diathesis, but the practitioner can usefully contend with primary, secondary, and herpetic otitis.

It is no easy matter to institute in very young children the treatment most appropriate to the relief of simple otitis, the consequence of exposure to cold. The practitioner is in most cases compelled to confine himself to the prescription of foot-baths, of mustard poultices, and the instillation into the ear of oil of sweet almonds mixed with a drop or two of laudanum. This liniment soothes the inflamed parts, and is more useful

(*a*) In England, epidemics of hooping-cough prevail with a degree of intensity unknown in France, and hæmorrhage from the ear has frequently been observed; Wilde of Dublin, and more recently Mr. Gibb, have shown that when a discharge of blood from the ear coincides with the paroxysms of coughing, such discharge indicates a laceration of the membrana tympani. Mr. Triquet, from whom we derive our information on the subject, agrees with Wilde that the phenomenon is analogous to that observed in gunners, with this difference, however, that in the latter the membrane gives way under the influence of external pressure, whereas, during the fits of hooping-cough, the current of air penetrating with violence through the Eustachian passage into the drum causes the partition to burst from within.

In support of his assertion, Mr. Triquet relates that during the year 1860, he was twice consulted for children aged from four to six years, who during the course of hooping-cough, had bled from the ear. The hæmorrhage occurred at night, on the right side in one instance, on the left in the other. About a teaspoonful of blood was estimated in both cases to have stained the pillow. Mr. Triquet cleared the meatus of the coagulated blood which filled it, and with a speculum, reflector, and magnifying glass, ascertained the presence of a linear and vertical laceration of the membrane, beneath the manubrium mallei.

In the four cases since published by Mr. Gibb, two were instances of hæmorrhage from both ears, and six lacerations were detected, four being linear, one triangular, and one irregular. As in Mr. Triquet's patients, the lips of the division were parted by a small clot, which displayed the connection existing between the hæmorrhage and the local injury. In every case, save one, the lacerations healed, and in the section *Prescriptions and Formulas* in the present number, will be found a description of the measures best calculated to assist the operations of nature.—THE EDITOR.

than chloroform, which causes considerable smarting, and chiefly acts as a solvent of the cerumen. When otitis is attended with intense suffering, or occupies the drum, in which case the pains are excruciating, and subside only when the puriform secretion has found an issue, leeches in variable number should be applied to the mastoids.

When the period of secretion has fairly set in, the child is calmer. Liquid infusions of lettuce leaves, linseed, or marsh mallows, must now be liberally injected into the ear, and after a few days, when the discharge becomes thinner, astringent injections with tannin, Peruvian bark, or ratanhy should be resorted to. If the secretion is fetid, it may be corrected by lotions with aromatic wine or the liquor sodæ chlorinatæ, diluted with three times its weight of water; the ulcers consequent on protracted contact of irritating matter with the mucous surface will thus be averted. When the fetid discharge is of long standing, the liquor plumbi diacetatis, or solutions of copper or zinc may be cautiously resorted to. In herpetic otorrhœa, Mr. Roger prescribes the calomel ointment, the unguentum hydrargyi nitratis, sulphurous or sea-baths, change of air, etc. We should add that in all cases of chronic otitis, the ear should be carefully inspected with the speculum, in order to ascertain, with desirable accuracy, the condition of the organ, and to detect the local injuries or morbid growths which occasion the symptoms observed.

DERMATOLOGY.

(MR. DUCHESNE-DUPARC'S DISPENSARY.)

Pathology and Treatment of Eczema.

In Mr Duchesne-Duparc's opinion, to describe under the name of *Eczema*, the humid tetter of Alibert, or running scall, is a sufficient concession to the prevalent habit of expression, inasmuch as this denomination recalls to the mind but a very narrow aspect of the cutaneous disease thus designated.

Eczema, said the Professor, manifests itself under three different forms, the respective characteristics of which it is important to indicate with accuracy, and which correspond to the varieties known as *Eczema simplex*, *Eczema rubrum*, and *Eczema impetiginodes*.

In *Eczema simplex* the eruption consists of minute vesicles, in the intervals of which the skin preserves its natural colour, and is neither hot nor tumefied. The vesicles are extremely small, more or less conglomerated, contain a droplet of transparent serum, and habitually correspond to the small hair-follicles which may be discerned on the internal surface of the arms, thighs, etc. When their contents have been absorbed, the epidermis becomes wrinkled, and falls off in the shape of a small disc. More frequently the vesicles after a few days burst, or are destroyed by friction; the limpid secretion escapes, and gives rise to a yellowish crust, which is promptly detached, exposing a small roseate spot, dry or humid, surrounded by a whitish margin. From the centre of this spot oozes a serous droplet which forms a scab of the size of a pin's head. Sometimes layers of diseased and thickened epidermis are also detached. A fresh eruption sometimes follows, and the eczema assumes a chronic form. The disease then not unfrequently invades the entire surface of the body, especially in children, youths, and persons afflicted with an irritable skin. A cure is rapidly effected, and a relapse is unusual.

In *Eczema rubrum* the inflammatory character of the disease is more distinctly marked; the region occupied by the eruption is tumefied, hot, red and shining as in erythema or erysipelas; the vesicles are confluent, and remain but a short time transparent. Their contents promptly become lactescent, and a reddish serum escapes when they burst. The epidermis becomes softened, and is detached in yellowish layers, promptly replaced by thin scabs; here and there the integument presents small roseate points, at the circumference of which an irregular margin of cuticle may be seen, representing the dimensions of the original vesicle. In severe cases the heat, redness, and swelling persist and increase for several days. The vesicles succeed each other with rapidity; their contents are acrid, irritating, and occasion superficial excoriations. The skin is in a highly inflamed condition, deprived of its epidermis, and seems perforated with numbers of small apertures, from which exudes a rusty coloured serum, occasionally in such abundance as to impregnate the dressings. The vesicles sometimes coalesce, and form irregular blisters, analogous to those observable on the surface of erysipelas. The cuticle gives way, a copious discharge of serum follows, and the denuded derm is found not only studded with the apertures above described, but covered with a layer of soft, whitish, and loose pseudo-membranous deposits. The discharge gradually decreases, and after a time altogether ceases. The epidermic scales at first moist, and coloured by the yellowish-green secretion, become dessicated, fall away, and are replaced by others of a drier and more persisting kind. The skin loses its heat and redness, and the return of health is ushered in by the formation of a healthy cuticle. The patient must not, however, be too sanguine, the cure is not always permanent, and fresh eruptions too often destroy the hopes of the final disappearance of the complaint.

We now turn to the description of *Eczema Impetiginodes*. In this form much heat and redness are present from the beginning. The numbness and irritation are replaced by throbbing, and often by intense pain; the vesicles promptly fill with puriform matter; the epidermis is raised in a considerable extent, and being impregnated with the secretion, assumes the aspect of greenish foliated scabs, which fall away, exposing a surface of a bright carmine colour. When the eruption occupies a wide surface, the thin ichorous secretion is occasionally poured out so copiously as to soil all the dressings. It emits an extremely offensive mawkish odour, analogous to that of extensive suppurating burns. The margin of the patches is generally limited by a red tumefied circle, studded with small transparant lactescent or desiccated vesicles, similar to those described in eczema rubrum. In this variety relapses are frequent, and the chronic form is also consequently often met with.

In some few fortunate cases, however, a spontaneous tendency to a cure is evinced; the symptoms improve, the inflammation gradually abates, the lamellar scabs fall away, a healthy epidermis is reproduced, and the skin, although preserving a purple colour, is the seat of unimportant desquamation. In each of these three forms of eczema, numerous subdivisions might be established. When the eruption is of limited extent, none but local symptoms are observable. But in the contrary case fever may supervene, together with loss of sleep; the pain is aggravated by the heat of the bed, motion becomes troublesome, and sometimes impossible. This condition is frequently accompanied in the adult by the enlargement of the lymphatics adjacent to the seat of the cutaneous disease; in some patients, and especially in children, concomitant inflammation of the stomach or bowels is not unusual.

Such is the importance of chronic Eczema, that it is impossible to dwell too much on its chief characteristics; E. rubrum, and E. impetiginodes, are, as we have stated, the forms which display the greatest tendency to chronicity, and Mr Duchesne-Duparc expatiated on the principal features of chronic Eczema. The inflammatory action, said the professor, gradually invades the deep seated layers of the skin, and may even reach the cellular tissue; the derm stimulated by reiterated eruptions, and by the contact of a copious ichorous secretion, becomes excoriated and chapped, especially when the disease occupies the intervals between the fingers or toes, the nipple, ham, perineum, anus, etc. The aspect of the diseased part is similar to that of a blistered surface, and the secretion of a faint disagreeable odour rapidly impregnates every part of the dressings. The sensation experienced by the patient is a mixture of itching and smarting, which naturally suggests the idea of internal heat, acrid impurity of the blood, etc. The sufferer passes sleepless nights, and the desire to scratch the part affected is so violent and irresistible, that he frequently tears himself with his nails; the portions of the skin invaded by the disease acquire a purple or livid hue, and with the exception of a few short and incomplete remissions, this condition, abandoned to the unaided efforts of nature or improperly treated, may persist for months, and even years.

As soon as the inflammation has been subdued, the appear-

ance of chronic Eczema undergoes a change. The vesicular eruptions become less frequent, and at last cease altogether, and the crusts, at first thick and moist, which on falling away were at once replaced by others, become thin, dry, and adhesive; small yellowish scales, interspersed with black spots of coagulated blood caused by friction, are now observed on the surface of the integument, and exfoliation of the epidermis is substituted for serous exudation: the vesicles still occasionally appear, but last a few hours only, and may be discerned beneath the thickened and diseased epidermis. Besides the characteristics here described, eczema presents peculiar features resulting from the nature of the parts affected, and which deserve the attention of the observer. Thus in *the scalp*, a region seldom invaded in childhood and in old age, but which is often the seat of the disease in lymphatic or scrofulous subjects, and in women at the period of the suspension of the catamenia, the surfaces occupied by the eruption at first moist, assume a squamose and furfuraceous aspect, a transformation coincident with a marked decrease of the swelling, heat, and redness of the skin. When the scales are detached, the scalp is found red and shining; the scales acquire sometimes a silvery iridescent lustre, and are traversed by the hairs. In this stage eczema causes but slight irritation, and emits no offensive effluvia.

We should not omit to state, said Mr. Duchesne-Duparc, that eczema of the scalp may extend to the ear and eyebrows, invade the eye-lids, occasion the loss of the eyelashes, and obstinate ophthalmia. Eczema of *the face* not unfrequently determines a general swelling of the countenance, and an œdema of the eyelids analogous to that which accompanies phlegmonous erysipelas. When the disease has passed into the chronic stage, the serous secretion is almost imperceptible, and is replaced by furfuraceous scales, for which others are quickly substituted, and the lashes and eyebrows are sometimes destroyed. This variety of the affection is especially met with in lymphatic girls, whose constitution is not yet formed, or who menstruate irregularly, and is seldom observed in the aged. Eczema of *the ears* is common at all ages, and in both sexes; but is more frequent in women who have reached a critical period of life, or in young persons of fifteen or twenty in whom the catamenia have not yet appeared, or are irregular. The ears, in the incipient stage are red and tumefied, and sometimes acquire thrice their natural size; a rusty secretion escapes from the broken vesicles, chaps form, and the inflammation reaches the meatus, around which very painful boils are occasionally developed; hearing is perverted or abolished, and the adjacent lymphatic glands become inflamed: this variety of eczema almost invariably assumes the chronic form, and in youth only is easily cured. The affection has the greatest tendency to relapse, and a new vesicular eruption not unfrequently breaks out, precisely when a cure was deemed to be at hand; when the disease is of long standing, dark yellow lamellæ cover the skin, and the inflammation frequently extends to the scalp; both ears may be simultaneously affected in different degrees.

Eczema attacks *the breast* much less commonly than other regions. Although it may be met with in virgins, and in women who have never nursed, it is chiefly observed in young mothers who suckle their first infant. The male sex confers no absolute immunity, and we have seen several instances in point. The inflammation may simultaneously or alternately occupy both nipples, and always gives rise to very great irritation. A yellowish secretion escapes from the vesicles, and small linear excoriations are present; in a few humid spots the colour is of a bright red, and sero-sanguineous droplets exude from the part, whilst in others yellowish scabs, thicker at the centre than at the margin, may be observed. The nipples retain for a long period their scaly appearance, and after numerous alternacies of moisture and desiccation, of cure and relapse, the pruritus at last subsides, and the secretion ceases; a new even epithelium forms, and the disease is at an end. It must, however, be remembered that eczema of the breast is in general very obstinate, and may last for years if treated by inappropriate or ineffective remedies.

Eczema of the *umbilical region* is unimportant, and offers but a secondary degree of interest. But it is otherwise with the eruption when it occupies in either sex, the inner aspect of the thighs, the margin of the anus, or the inferior extremity of the rectum. In the male, the foreskin and scrotum, in women the vulva or the mucous lining of the vagina, are likewise frequently affected. In all these parts, eczema usually assumes the chronic form, and is with reason much dreaded as a destroyer of sleep, and a permanent cause of the most distressing irritation. It often induces the formation of fissures, and gives rise to an ichorous or sero-sanguineous discharge, which may occasion pain in defecation or in the excretion of urine. The eruption is aggravated by walking exercise, by the friction of the clothes, and may impede sexual intercourse, or pervert the excitement to onanism or nymphomania.

In concluding his remarks, Mr. Duchesne-Duparc further observed that the *herpetic ulcer* of the aged, which is but a form of *Eczema rubrum*, is most usually situated on the inferior extremities; that at the bend of the arm, at the ham, in the axillæ, eczema is less painful than in other regions; and that it is accompanied with much swelling, chaps, and thick crusts, when it attacks the hands, and the intervals of the fingers, where the skin retains, long after a cure has been effected, a considerable degree of roughness, and a tendency to the formation of chaps and fissures.

We shall conclude in our next number Mr. Duchesne Duparc's remarks on the pathology of Eczema.

The Medical Circular.

LECTURES
ON DISEASES OF THE EAR.

By Jas. YEARSLEY, Esq., M.D.

(Continued from page 103.)

Without good reason I would be the last to propose any innovation or variation in the nomenclature of medical science, simply because it tends to confusion, but it is at all times desirable that, if possible, the name should represent the characteristics or the intention of the thing to be named. To call a *passage* after the name of its supposed discoverer, is meaningless indeed; it would be far better to affix some epithet descriptive of its object or its pathognomonic features. When, therefore, as in the proposed alteration of the name of the *Eustachian* to the *naso-aural* passage, you direct attention to the intimate association of the nose with the ear through the intervention of the mucous membrane, the effect is to improve the chances of restoring that membrane when diseased to a healthy state by more appropriate treatment than has hitherto obtained. For instance, nasal obstruction in connection with deafness, is a fact which has been much overlooked, but if the nasal passage were more identified by name with the aural passage—the *naso-aural* passage—the practice of aural surgery would benefit by the change of nomenclature.

On referring to my last paper, I find that a charge was made against Mr. Wilde of "untruthfulness." Alluding to the extract from his work I say: "ill-natured and untruthful, on more points than one though it be." The ill-nature is transparent enough, but the untruthfulness must be substantiated by facts. Mr. Wilde, speaking of "three contributions to Aural Surgery, published between 1839 and 1841," says: "they abound in *copious extracts* from various authors, and, in particular, from the then recently translated work of Kramer." Reader, the contributions referred to are before me. I find that they extend to about 170 pages small octavo—*rather less than three* are occupied with extracts from Kramer's work, and *less than two* with extracts from other authors, and all the extracts from Kramer's work are in an appendix to the first contribution!! Mr. Wilde should have been more lenient. He should have remembered that when those "tracts," as he calls them, first appeared, I was a young practitioner, unknown to fame, and regarded by those around me as an interloper. I was thrusting into notice new methods of treatment, and I required the moral support of my foreign contemporaries in France and Germany, who had sanctioned them by their greater experience, to uphold all I could myself say in their favour. Any unprejudiced reader would, I think, blame me for the paucity, rather than the copiousness, of my extracts. Five pages in one hundred and seventy indeed! It ought to have been nearer fifty.

It will be observed that Mr. Wilde then goes on to say: "In these publications the author chiefly labours to impress upon the profession and the public the necessity of Eustachian Catheterism *in all diseases of the ear*."

Again I refer to my contributions, and fail to find any such outrageous nonsense, and I look for the passages which the dreamy eye of my critic had so metamorphosed. The only paragraphs in which I had sounded the praises of Catheterism shall be quoted :—

In the preface to the first edition of the First Contribution, dated May, 1839, appears the following paragraph :

"Enough, it is now hoped, has been said, to show the value of Catheterism of the guttural or Eustachian passages, as not only affording the means of ascertaining, with great precision and accuracy, diseased conditions of the organ of hearing, which, without such manipulation, must in many cases remain matter of speculation and uncertainty, but also as enabling us to put in practice methods of treatment which experience justifies the author in asserting, would prove successful in hundreds of cases now deemed incurable."

From the preface to the third edition, dated Oct. 1840, I quote the following remarks. They were written just subsequent to an accident which occurred at the house of Dr. Turnbull, in Russell Square, whereby a patient died through the unskilfulness or carelessness of an assistant in attempting the operation of catheterism.

"Little did I anticipate that the operation of Catheterism of the Eustachian passages, which I had taken pains to show, demanded considerable manual dexterity, delicacy, and experience, would immediately be seized upon by persons thoroughly unacquainted with its commonest principles, and made an engine of quackery and mischief.

"It is to be regretted that this great improvement in aural surgery should have been thus abused, and that a diagnostic and remedial agent, which is calculated to revolutionise this branch of medical science, should consequently have been exposed to the risk of utter abandonment on the very threshold of its introduction into this country. The success which attends catheterism of the Eustachian passages in the hands of a skilful and experienced operator, is, however, at length universally admitted, and its necessity in the diagnosis and treatment of deafness acknowledged by all but those who, unmindful of the advances of science and unfriendly to the diffusion of knowledge upon this subject, still cling to the absurd and pernicious practice of indiscriminate syringing, blistering, irritating ointments, and stimulating acoustic drops, all of which, instead of removing the malady, rarely fail to occasion further mischief.

I pass on, page after page of the three contributions referred to by Mr Wilde, and fail to discover any thing like a confirmation of his sweeping allegation. At page 9, (No. 1) I speak of the value of catheterism "in numerous cases of deafness," and at page 17, I enumerate the cases and conditions to which the new treatment is applicable thus :

"We cannot, then, too highly estimate methods of treatment attended by so much success, especially as the diseases of the ear, hitherto remediable by the ordinary means, have been limited to those affecting the external auditory passages, such as narrowing of it from inflammation, polypi, boils, hardened wax, &c. Now, happily, tumefaction of the membrane lining the Eustachian passages and the cavities of the tympanum from inflammation, accumulations of mucus, or extravasations of blood, &c., in these canals or cavities; adhesions, strictures, &c.; and though last, not least, functional derangements of the auditory nerve itself, are all rendered accessible to the curative efforts of the really scientific aurist with every prospect of success."

In the preface to No. 2, "I called attention to the great success I had met with in the employment of some continental improvements in the practice of Aural Surgery, at that time almost unknown in this country, more especially to the operation of Catheterism of the Eustachian Passages, as a valuable diagnostic and remedial agent in Deafness. Sir Matthew Wood, Bart., M.P., who presided on the occasion, and the meeting generally, great part of which was composed of members of the medical profession, were so impressed with the vast importance of the subject, that the *Report* was unanimously deemed worthy of publication."

At page 6 of the same report, I speak of Catheterism as a "New mode of diagnosing and treating deafness, new at least, in this country, though for some years it has been successfully practised on the Continent." Indeed, everywhere much importance is attached to the treatment in a diagnostic point of view, as a remedial agent, and at page 36, speaking of accumulations of mucus in the cavity of the tympanum, I say :

"The happy results of such cases, *which are not unfrequent*, justify me in the remark which I made on a former occasion, that no persons labouring under deafness, however protracted, should abandon hope of relief until their ears have been skilfully explored by catheterism of the Eustachian passages. I say *skilfully explored* with emphasis, for it is one thing to employ these manipulations with apparently no other purpose but to *astonish* the patient by blowing into him a body of compressed air, as a witty friend has observed, 'sufficient to fill the Nassau balloon,' and another to employ them for scientific objects—namely, to ascertain the nature of the disease, and then, if admissible, to use them as remedial agents."

I rise, then, from the perusal of my earliest writings on diseases of the ear with no little gratification. It would be a painful reflection, indeed, to be obliged to admit that longer and later experience had shown me to have been in error in the outset of my practice. After twenty-five years I see no reason to vary from the modes of practice I at first advocated. It is true that my views have been modified in many respects, and the manifold errors of the author from whose work it was said by my critic I had made such "copious extracts," have long been forced upon my attention. For instance, I have no longer faith in the practice of vapourising the lining membrane of the tympanum. I can account for the benefit appearing to arise from the practice in quite a different way. It is not the vapour, whether of ether, iodine, or ammonia, which does the good, but the passage of the catheter over the surface of the mucous membrane of the nasal and Eustachian passages—the naso-aural passage—upon the same principle as the passing of a bougie in cases of urethral discharges. A more healthy action of the mucous membrane is thus set up, and the original morbid affection is superseded. To Kramer we are indebted for giving an impetus to catheterism in this country, but to little else. His book is full of practical errors, and little that he says can be relied on. It will be hardly credited that this opinionated old man refuses to recognise the success of the wetted cotton remedy in cases of perforate membrana tympani, for no other reason that I can discover than because a rival practitioner in Berlin, Dr. Ehrard, anticipated him in making known my discovery to his countrymen in Germany.

The amenities of polite literature do not abound in the writings of aural practitioners. Complimentary phrases, one towards another, are not rife among them. It may be so with medical writers generally, but certainly, in the aural department, there is no love lost between the rivals for public patronage and support. Kramer's critical survey of contemporary literature was no novelty any more than Wilde's imitation which followed. If I look through the works of Curtis, Stevenson, and Wright, the celebrities who preceded them, the same language of disparagement and abuse of their contemporaries is observable. In extending my researches into the literature of aural surgery in periodicals and elsewhere, I sometimes come upon words of praise, but these are evidently the emanations of *a flapper*, so that a neighbour of mine who followed me into Savile Row cannot boast of being the first aural surgeon who has had a scribbling trumpeter. John Harrison Curtis was particularly fortunate in this respect. Indeed, I have observed that, when a man with no superabundant brains, and without a spark of originality, wins a reputation and fame, in any particular calling, he is invariably indebted for them to *a flapper*.

Alas! I have never been so honoured, and I proclaim it, that the courteous reader may pardon me if it should be alleged against me that my papers have an egotistical taint.* I have no right to complain of being neglected, for it would be difficult to find another man in the profession who has been so heartily abused by his contemporaries as myself. Every man who departs from the ordinary routine of practice, whether his views be right or wrong, must pass through the same ordeal. The extract from Wilde's Aural Surgery, quoted in my last lecture, presents a fair sample of many similar attacks, but having survived them, and realised a success, I am disposed to offer myself to those of my younger medical brethren who dread professional rivalry and opposition, as a practical illustration of a theory entertained by many, that the more a man is abused, having truth at his back, the better he succeeds. And most assuredly, since my name has become known as an aural practitioner, my experience is, that the more rivalry and contention exist around me, the more my professional services are in demand.

* Even Editors would appear to be more courteous than Aural Surgeons, for Dr. Druitt, the gentle Editor of the 'Medical Times and Gazette,' ever ready to grant "a request," and always doing it in such good taste, addresses his subscribers in the Christmas article, "Courteous Reader! we wish you a merry Christmas!!" Anybody desirous of a roar of laughter should read that leader.

(To be continued.)

HUNGERFORD UNION.—The Board of Guardians, on Wednesday last, received with much regret the resignation of Dr. John Lidderdale, of Kintbury, the friends and medical advisers of that gentleman having urged him to take that step on the ground that his health has for some time past been giving way under the great exertion of Dr. Lidderdale's Union, combined with a very large country practice. The Board unanimously passed a resolution expressing their extreme regret at the severance, from such a cause, between themselves and a gentleman who has been in office since the formation of the Union, and with whom, during that long period, there never had been a misunderstanding or the smallest complaint, but whose duties had always been performed with great credit to himself, and benefit to the poor entrusted to his care.—'Reading Mercury.'

ESSEX HALL ASYLUM FOR IDIOTS, NEAR COLCHESTER.—The Committee have decided upon accepting the munificent offer of Sir Samuel Morton Peto, M.P., to sell the Essex Hall estate at one-third of the cost price, about four-fifths of the required amount having been already raised by subscription.

SHORT CLINICAL LECTURES ON THE FIRST PRINCIPLES OF MEDICINE.

By Lionel S. Beale, M.B., F.R.S.

1.—*Some Observations on the Nature of Certain Healthy and Morbid Changes, and on Counter-Irritation.*

Counter-irritation has nothing whatever to do with allopathy, or any other special system. It rests upon a principle which I shall now endeavour to show is thoroughly sound, and confirmed by some of the most recent and most exact observations.

Let us, then, consider how a blister applied to the skin can produce any beneficial effect in a case where a quantity of pus, mucus, and fluid, are being formed upon the surface of the mucous membrane of the bronchial tubes—in a case of chronic catarrh. I shall not discuss the effects of moxa, the actual cautery, and the more violent forms of counter-irritation, in this lecture.

As to the above morbid condition, we know—

1. That the vessels generally of the mucous membrane are congested; that it contains more blood than in the healthy state. The muscular walls of the small arteries are relaxed; the elastic capillaries distended with blood. Their thin, transparent, permeable walls being stretched, are necessarily thinner, and more permeable to certain fluid parts of the blood. A greater quantity of soluble matter, therefore, escapes through the vascular walls than in a normal state.

2. Much of this increased quantity of fluid is taken up by the epithelial cells. The young cells especially being supplied with a greater quantity of nutrient matter, grow faster. The masses of germinal matter (nuclei) increase, divide, and subdivide; and the process proceeds so rapidly, that there is no time for the conversion of the oldest outer portion into the formed matter corresponding to the wall of the cell, as always occurs in normal nutrition. A vast number of imperfectly formed epithelial cells and pus-corpuscles result. The more or less viscid material which surrounds these is all that represents the more hardened substance which forms the walls of epithelial cells generally, and gives to the healthy structure its characteristic properties and regularity of arrangement.

With regard to the influence of counter-irritation, we must bear in mind—

1. That, generally, the afferent nerves distributed to the skin may influence, through the centre into which they are implanted, afferent fibres distributed to the vessels of an organ lying beneath and perhaps at a considerable distance. It is possible, therefore, that the calibre of the small arteries distributed to the mucous membrane of the bronchial tubes may be diminished in consequence of the terminal network of afferent fibres distributed to the skin being influenced by the counter-irritation.

2. In consequence of this contraction of the arteries, the walls of the capillaries would be relieved from the pressure of the blood; and, provided their elasticity was not permanently destroyed, they would recoil, and the blood they contained would be driven on to the veins. The effusion of fluid would be diminished. The cells would increase more slowly, and time would be allowed for the production of formed material (cell-wall) around each.

3. Crude matters in the blood may be taken up by cells which are multiplying with abnormal rapidity in any part of the body. Hence, when the cuticular cells are placed under conditions which facilitate their multiplication—that is, when they are supplied with an increased supply of pabulum—they grow very fast, and may separate from the blood materials, which would otherwise form the pabulum of pus-cells that were multiplying upon the surface of the mucous membrane of the bronchial tubes. Thus, the increased nutrition in the latter situation would diminish while this state would be established in the skin.

Hence, counter-irritation employed in such a case would act beneficially in two ways. First, by exciting through the afferent nerves in the skin an impression by which the afferent nerves distributed to the vessels of the mucous membrane are caused to contract, and thus a diminution in the supply of blood results; the direct consequence of this diminished supply of pabulum being a slower multiplication of the pus and imperfectly formed epithelial cells. In consequence of the increased flow of blood to the skin, the young cells of the cuticle grow and multiply at the expense of the pabulum, which would otherwise have gone to feed the structures formed on the surface of the mucous membrane. Secondly, such an increased action being established in the deep layers of the epidermis, crude materials in the blood which would otherwise have been taken up by the pus on the mucous membrane, and appropriated here.

By giving diuretics and sudorifics in such a case, you promote increased action of the kidneys and skin, and the cells of these organs take up the crude pabulum, which has been accumulating in the blood; and thus, in another way, it is diverted from the mucous membrane of the bronchial tubes, and removed from the organism in the most rapid possible manner.

In this way the beneficial action of counter-irritation may be explained.

But if you have not permitted yourselves to be too much influenced by theoretical considerations, you will have felt inclined to say, ere this, "but counter-irritation, applied directly to the skin or indirectly to the kidneys and other emunctories, is not the only thing to be thought of in the treatment of an ordinary case of chronic bronchitis, where a quantity of secretion is being formed upon the mucous membrane of the larger and smaller bronchial tubes.

Nor will counter-irritation always relieve permanently; for it not unfrequently happens that the discharge of sputum increases in spite of the application of a blister; and, as the blister, if kept open, often exhausts a patient, you know we have recourse to turpentine stupes (turpentine sprinkled on flannel which has been soaked in hot water and rung out nearly dry), because we can apply them every day, and twice a day if we desire it, with much of the benefit and with none of the exhausting effects of a large blister.

There is then another point which, although not connected with the subject of counter-irritation, is so important that it must never be lost sight of in the treatment of such cases. Just at this time of year, we have many cases of chronic winter cough in the wards, and of these the great majority would remain in the hospital for months, if we only acted upon the principle of counter-irritation and some of the patients would die. In these cases we have to administer support, and frequently to give alcohol; but I shall postpone the consideration of this part of the treatment until I have discussed some points of interest in connection with pneumonia, as the principles upon which the beneficial effects of alcohol may be accounted for, and the principles which guide us in administering it in both these affections of the respiratory apparatus, are precisely the same.—'British Medical Journal.'

The Nightingale Fund.—Sir Harry Verney, in a letter to the 'Times,' says that the "Nightingale Fund" has nothing to do with the "Crimean Fund." It was subscribed and given to Miss Nightingale as a personal testimonial. She refused, however, to accept it, except under a deed placing it in the hands of trustees for the training of nurses. A council was named for its direction, and she only reserved to herself the power of advice. The proceeds were invested in 48,000*l.* Reduced Annuities, 1,000*l.* Consols, and 200*l.* South Australian Bonds. The net income is 1,426*l.* Two-thirds of this are spent in the maintenance and instruction in nursing of probationers at St. Thomas's Hospital, the probationers engaging to take service in public hospitals or infirmaries. The remaining third is spent at King's College Hospital, for the maintenance and instruction of midwifery nurses, the want of whom is long felt in the villages of England. The trustees are Lord Monteagle, Mr. R. M. Milnes, M.P., Mr. Bracebridge, and Mr. E. Majoribanks, jun. The acting committee of the council consist of Sir Joshua Jebb, K.C.B., Sir Harry Verney, M.P., Sir John M'Neil, K.C.B., Mr. William Bowman, Mr. John Forbes Clark, and Mr. William Spottiswoode, F.R.S.

Hospital and Home for Incurables.—An agreement has been entered into by the trustees of this charity for the purchase of the building of the British Orphan Asylum, Clapham Rise. It will be rendered capable of containing 120 beds, and will be opened during the month of May next. The sum of 4,000*l.* will be required to pay for lease, furniture, &c. Mr. Charles Hood, one of the trustees, has made the liberal promise of an annual subscription of 300*l.*, in addition to a donation of 500*l.* already given.

Fort Pitt as a General Hospital.—The entire staff connected with the Royal Artillery and Royal Engineer Hospitals at Brompton, together with the patients and attendants vacated the hospitals last Saturday afternoon, and took possession of Fort Pitt Hospital, which will in future be used as a general hospital for the entire garrison on the removal of the Army Medical School and staff to Netley Hospital. A portion of the hospital hitherto used at Brompton Barracks is still to be retained for the purpose of an hospital, in which the sick troops will be received and inspected previous to their removal to Fort Pitt. The entire cost of re-appropriating Fort Pitt for this purpose is 1,000*l.* The cost of the hospital for the wives and children of the troops in garrison with other buildings is 3,000*l.*

Hereditary Longevity.—The papers have lately noticed the death of a Mr. David McVey, aged 101. This gentleman's maternal grandmother lived to 103, his mother to 100, his sister to 92, and a brother, present at his funeral, is now nearly 90 years old.

"Physicked Meat."—The 'Times' report of a recent case tried at the Central Criminal Court, in which a man named Robert Buxton was found guilty of having sent meat unfit for human food to market, attributes the following evidence to Dr. Letheby:—"Dr. Letheby proved that he examined a portion of the beef, and found it in a most diseased state, and, when analysed, he found it to be charged with physic.

THE MEDICAL CIRCULAR.

WEDNESDAY, MARCH 11, 1863.

GRATUITOUS MEDICAL SERVICES.

This is one of the problems against which zealots delight in knocking their heads. "Give me a good reason," cries one "why you should not be paid for your services?" When we ask a man for "a good reason," we generally do so with a triumphant air, as if we had put before him a "poser" that must settle the argument. It is generally difficult to find a good reason, and a man commonly looks foolish when he is asked for one. He is not satisfied with taking the first that comes to hand, but must look about for his best one, and while searching for this loses that which would have answered sufficiently well for his purpose.

We observe that one of our contemporaries has advised the medical officers of Cottage Hospitals not to give their services gratuitously to those institutions; and that he has received a very sensible reply to his "sophistry" from Mr. Albert Napper, who argues that his gratuitous services greatly diminish his labours, and that in this sense, therefore, he is requited, and also that if his services were not gratuitous, his hospital could not be maintained.

These appear to us to be very apposite and convincing arguments, but the editor is not satisfied, and wants to know "the grounds upon which medical men should do the work of "the community gratis."

Now we have been as stout advocates for an honest remuneration for medical services as most men; we have condemned the illiberal dealings of Poor-law Guardians with the medical officers, we have censured the eager competition of candidates for unpaid offices in our public hospitals—a competition (to push the argument *ad hominem*) of which the editor in question has been guilty, and would, no doubt, if occasion arose, be guilty again; but we have always recognised the fact, that constituted as society is, there are thousands of persons in this country, who when assailed by disease, are utterly unable to pay a medical practitioner for his services; and we have always recognised it to be a duty of our profession, in one way or another, to give such sufferers the benefit of our knowledge and skill. We would ask "what are the grounds upon which "medical men should *refuse* to do this work gratis?" Whether it be the work "of the community" or not, as it has been phrased, is not to our present purpose, although it is a point open to discussion; but the community not having, as a fact, accepted the entire charge of the work, where are "the "grounds" that would justify us in withholding our effectual help? Certainly these grounds are not to be found either in the Christian code, the moral code, or the political code; and we know no other standards of duty. Supposing even that the community had accepted the charge, we as members of it, should give our share of unpaid service.

This question of paid or unpaid medical services is like one of those many-bladed knives that cut in all directions. If we ask the public to organise a sufficient number of hospitals and dispensaries in town and country to meet the wants of every probable applicant, there can be no doubt that we should propose that which in operation would be ruinous to hundreds of private practitioners, whose livelihood is chiefly obtained by attendance on a class of persons who would be only too glad to avail themselves of gratuitous relief, if it could be easily procured. To avoid the injury which such a system would cause we must simplify our theory to the extent of making every medical practitioner an official of the Government with a reasonable salary. Of course, we do not say that this would not be "a consummation devoutly to be wished," but it forms no part of the argument of those zealous gentlemen who rebuke their professional brethren for giving gratuitous services.

It is a general opinion, and it is ours also, that gratuitous relief in many cities, is already overdone, and it is not desirable that it should be extended; in other places, from the difficulty of creating and organising a sentiment of active beneficence, many thousands of poor persons are not cared for as they should be in every Christian country. Is the medical man then to refuse to discharge his duty, because the public generally are oblivious or ignorant of theirs?

It must be remembered that we are familiar with suffering; its relief is our especial avocation; we are consecrated to this duty by every law, social and divine; if, then, we see one way better than another, in which we can discharge our obligations to humanity, and our own conscience, shall we follow it, or shall we violate both obligations, on the "grounds" that society has neglected its duty, and that we ought to be paid beforehand for every word of advice, and every whisper of consolation? Let such morality as this be crushed under the nether millstone. The Profession never has, and never will, recognise tenets so fundamentally wrong and practically impossible.

We maintain that when any public institution exacts a considerable portion of the time of the surgeon, it should, as a rule, give him a fair requital; and we think that rich charities should reward their medical officers; but these principles are accompanied by conditions; and it would be grossly absurd and very heartless for a surgeon desirous of starting a Cottage Hospital, for the double purpose of relieving himself of trouble, and his patients of needless suffering, to hesitate to undertake so humane a work, because he will be unable to get a salary from an institution that could have no funds, at least for a time, to pay one.

The public treat us meanly and heartlessly, but that is no argument why we should be mean and heartless, and forget the obligations of that practical Christianity, which is indissolubly incorporated with the duties of our divine Profession.

SUMMARY OF THE WEEK.

OVARIOTOMY.

Dr. Robert Lee initiated another discussion last week at the Medical and Chirurgical Society, on the lively topic of ovariotomy. All the eminent Metropolitan operators entered into the debate, and notwithstanding a variety of opinions, the great fact seems to be established, that about one-half of the cases hitherto operated on have died. Some surgeons have been more successful than others, owing to a variety of causes—such as superior skill, derived from a greater familiarity with the operation, more careful after-treatment, a more salubrious hospital and surroundings. This is the case with all operations, most conspicuously so with operations for stone. Our readers must have noticed last week a report, in this journal, of the first operation of the kind that had been performed in St. Petersburg; so that there is a certainty that this operation will go the round of Europe—and we may say the civilised world. If it be not eventually adopted as a regular operation, it will be owing to its inherent difficulties.

SPECIAL HOSPITALS.

The 'Lancet' indulges in another contemptible piece of abuse this week, *in re* "Special Hospitals." Not content with stigmatising those institutions, it diverges into a laborious philippic against Mr. Lobb, whom it accuses of impertinence and "self-seeking." Impertinence, forsooth, in replying to the manifesto of this magnificent Bashaw with three tails! Self-seeking for establishing a special hospital! How many candidates for appointments in general hospitals spend their money in the cause of *philanthropy!*

"Personal selfishness" is one of those spiteful phrases that a gentleman would disdain to use, and which, like the Australian boomerang, always returns to the hand that flings it. The folly of casting dust against the wind, is an unfortunate habit of our contemporary. Dr. Morell Mackenzie also comes in for a share of his animadversion. Is it true, as alleged, that this hostility to specialism has arisen out of a little jealousy between two rival "laryngoscope" Doctors? One would, doubtless, be gratified if he could extinguish the other; or, what would be as effectual, stifle him by planting a polypus on his *chordæ vocales.* It would be "impertinent" on our part, to assume that there is any positive ground for this alleged "self-seeking." The world is sadly given to fibbing; and we advise our *arbiter morum*, to treat it to a lecture on the advantages of "truthfulness." We know no better authority.

The 'Lancet' men are nearly all connected with trumpery little hospitals, and are glad to snatch at any unconsidered crumbs that drop from the tables of the larger ones. We could be "personal," and show the exact position and career of each of these Scribes—and, may we add, Pharisees?—but we would rather not follow their own bad example. Anonymous writing is unworthy of the heart and hand of a gentleman; none such would resort to it for the purpose of securely making coarse attacks.

GILHESPIE *v.* FENWICK AND PEART.

In this case an action was brought against Dr. Fenwick, for compensation for damage sustained by the death of Mrs. Gilhespie, the wife of the plaintiff, who had been poisoned through an accident, caused by the defendant's assistant having put strychnia into a bottle of medicine in lieu of antimony. It is a well known rule of law, that principals are responsible for the acts of their assistants,—*qui facit per alium, facit per se*—and we regret to learn that in this instance Dr. Fenwick has been obliged to pay *five hundred* pounds in damages, besides costs. This sum would be ruinous to many practitioners; and considering that Dr. Fenwick is a sufferer by an accident, not his own, he deserves as much as any man does, the sympathy of his professional brethren. We observe a notice in the local papers stating that Dr. Fenwick is about to leave the neighbourhood in which he has practised, and that he has been presented by his friends with a handsome testimonial.

THE PREVALENCE OF SMALL-POX.

The alarming spread of small-pox in the Metropolis is calling attention once more to the causes of its dissemination. Our readers will remember that when the Board of Health issued its mischievous orders for a large increase of the number of public vaccinators, we pointed out the practical evil that would follow, in the impossibility of many vaccinators keeping up a proper supply of healthy matter, and the temptation there would be in such circumstances to resort to imperfect vesicles. We now see that our contemporaries are coming round to this opinion. A little practical knowledge of the subject would have prevented the issue of those orders, as well as the absurd laudation which they received.

REVIEW OF THE PERIODICALS.

The 'BRITISH MEDICAL JOURNAL.' Dr. BENNETT replies to Dr. Beale's strictures on the "Molecular Theory of Organisation," and adduces microscopic evidence to show that he is right and Dr. Beale wrong. There are diagrams given of the development of vibriones which *seem* to prove that they increase by apposition; but, in microscopic observations, seeing is not always believing. We leave the question to our more erudite readers for their decision. This article is followed by one by Dr. BEALE on the "First Principles of Medicine." He treats especially of counter-irritation. We have extracted this article. Dr. WALKER, of the Peterborough Infirmary, contributes an article on the "Laryngoscope," and Dr. NEWMAN, of Stamford, a paper on "Diphtheria."

THE 'AMERICAN MEDICAL TIMES' (Feb. 14). Dr. DETMOLD's lectures are continued, and Dr. HENRY N. FISHER reports some "Cases in Military Surgery;" but they do not contain any remarkable points. Dr. DE WITT C. PETERS contributes some remarks on the "Evils of Youthful Enlistments;" and Dr. RUFUS K. BROWNE describes some "Remedies" which have been found most useful in the Marine Hospital at New Orleans in the diseases of soldiers. These remedies are mostly of a simple character.

The 'AMERICAN MEDICAL TIMES' (Feb. 21). The useful Lectures on "Military Surgery," by Dr. DETMOLD, are continued. Speaking of amputations, he advises a modification of the circular method as follows:

"As a general rule the circular method is preferable, but I should like to see the usual manner of performing it modified, so that instead of making the first circular section through the skin, and then dissecting the skin off and turning it back, to make the first section at once all round the bone, having the parts well drawn back, so as to give the stump the shape of a cone, and then make a second circular section just in front of the skin down to the bone; the wound would then represent an inverted cone. This operation is quicker done, exposes less surface, and makes a perfect stump; only be careful in adjusting the retractor that you saw off the bone at the apex of the inverted cone."

This article also contains some useful suggestions as to the amputations and resections of particular joints.

Dr. DAVID SMITH also gives, in the same journal, his experiences in Military Surgery. He describes a new method of performing amputation, which reads not unlike Teale's method; and towards the end of his remarks, we find that Dr. Smith derived it whilst attempting to simplify Teale's operation. It is described in the following words:

"*Amputation of the Leg.*—The multitude of amputations below the knee which I have performed, seen, and watched the result of, have convinced me that none of the ordinary methods are the best possible in any case, least of all in army surgery. I have yet to see the circular operation heal without great suppuration; and the posterior flap operation has, in five cases out of six, been complicated with the protrusion of the spine of the tibia. This with a heavy posterior flap can scarcely be prevented. The double flap is nearer the truth, but the, in my estimation, proper operation differs widely from that. It is briefly described thus:

"Standing on either side, transfix the limb at the point you intend to saw the bones with the flat of the knife against the posterior surface of both tibia and fibula; then cut downwards for about five inches, keeping the knife closely applied to the surface of the bones. Next bring the back of the knife to its first position, pressing back against the commencement of the incision. Then with a quick movement of the wrist cut a posterior flap of one or two inches in length, and carrying the disengaged knife over the front of the limb, connect the extremities of the longitudinal incision by a curved incision with its convexity downwards. Dissecting up the anterior flap the operation is easily completed, and remembering to saw off the upper and inner angle of the shin, your anterior flap falls over the stump as naturally as the eyelid over the eye, and the pus finds as ready an exit as do the tears.

"The advantages of this mode of amputation are many and various:—

"1st. The facility of execution.

"2nd. The complete freedom from all and any tension."

"3rd. The ready exit of pus.

"4th. The impossibility of any dragging of the flap against the spine of the tibia."

"5th. The freedom from pressure of all the important vessels and nerves."

"The only objection that can be urged against this method is this: that by making the anterior flap so long more of the limb may be sacrificed. This objection at once falls to the ground, when we reflect that the posterior flap may be increased in length, and the anterior shortened, whenever circumstances may seem to demand it. The peculiar advantages of this form of operation are well preserved if the anterior flap is not more than two inches longer than the posterior."

"I take much pleasure in submitting this operation to the notice of the profession, because I adopted it after a long trial upon the cadaver in Edinburgh and Paris, previous to the breaking out of this rebellion, and have since then become thoroughly convinced of its superiority. I first conceived this operation while endeavouring to simplify Teale's method."

The 'LANCET.' Dr. HUGHES BENNETT's Lecture describes his "General View of the Nutritive Function;" and Dr. HEADLAM GREENHOW contributes an article on "Bronchitis, arising out of certain Industrial Occupations,"—the dust incidental to such occupations being the exciting cause. Mr. CARTER describes a new form of "Binocular Ophthalmoscope." The instrument is a modification, by Messrs. Murray and Heath, of M. Giraud Teulon's, and is stated to obviate the chief difficulties incidental to the use of the latter.

'The MEDICAL TIMES AND GAZETTE.' The "Skeleton of the Glyptodon" is the subject of Professor HUXLEY's Lecture. Dr. RAMSBOTHAM's Cases in "Clinical Midwifery" follow. The interesting researches of the Rev. Professor HAUGHTON in matters physiological are next described, and Dr. ALTHAUS contributes a paper on English and Continental Spas. This is the first of a series on the subject.

PRACTICAL REMARKS UPON THE PREVALENCE AND TREATMENT OF SYPHILIS.

By JEFFERY MARSTON, M.D., Royal Artillery.

Of the treatment of the infecting sore, I may at once state that do what we may, constitutional symptoms will generally follow. I have treated cases with mercury until not a trace of induration has remained in the cicatrix, and yet secondary symptoms have appeared. Looking back upon the records obtained from numerous observations, I am led to conclude that mercury will remove an induration more speedily than any other medicine; that the interval between the appearance of the primary and secondary phenomena is more protracted than when mercury has not been used; that the secondary symptoms, when they appear, are not so marked or so severe, but that the syphilitic cachexia and loss of health may be as marked as if no mercurial treatment had been pursued.

Some of the worst cases are those in which the system becomes speedily affected with mercury, and a rapid ulcerative action sets in about the induration of the chancre. A rapid effect upon the system by mercury seems almost invariably to act injuriously; whether such result from the idiosyncrasy of the patient, or the object of the surgeon.

In many cases, the constitutional symptoms will be relatively slight, and the progress of the disease does not pass the secondary stage, but, in spite of relapses, tends to wear itself out; in others, the symptoms appear to increase rather than diminish in intensity as the evolution of the disease progresses. Diday makes the very practical division of the mild and severe, and modifies, to a great extent, the treatment pursued, by the recognition of these two types.

In the employment of mercury for the treatment of syphilis, I do not think that sufficient attention is given to the following.

1. *Hygiene.* The patient should be warmly clad; live upon a good but plain diet; take plenty of exercise in the open air; use occasionally warm baths; and avoid stimulants, unless specially indicated.

2. It is neither necessary nor desirable to depress the system for the cure of syphilis. The disease in itself tends directly to induce a chloro-anæmic state; and it too often happens that the sufferers from it are the subjects of some debilitating conditions—congenital or acquired. In all cases it is essential to elevate the general health to a normal standard; and we should neglect no means so to modify our treatment as to meet the exigencies of the case. As in other diseases, individual cases will almost always present a physiognomy of their own. Not only is there no reason against, but every reason for giving, steel quinine, vegetable bitters, or cod-liver oil, as circumstances require; at the same time that we apply a specific remedy.

"Believing, as I do, that there is no remedy equal to mercury for the treatment of this disease, I cannot avoid perceiving that in primary affections its administration rarely, if ever, prevents the occurrence of constitutional symptoms; while for the secondary lesions, it will be found that relapses and slow recovery are the rule, and a rapid return to health the exception.

"In the treatment of the primary disease, I am guided by two considerations—1. The history of a previous attack of true syphilis; 2. The condition and indolence of the sore. If the sore be but slightly indurated; if it do not prove indolent, but can be healed by local remedies, I do not think it right to anticipate symptoms, which after all may not occur, by a remedy of doubtful efficacy, as a preventive to their appearance.

"As many of the sores are mixed, and not so typical as described in books, the diagnosis is obviously not quite certain.

"Powdered calomel is one of the best local applications to the indurated sore.

"When sloughing, gangrene, or rapid ulceration appear in the chancre, mercury is either not to be given, or immediately withdrawn."

With regard to the various modes of treating primary syphilis by iodide of potassium, &c., I have not been able to assure myself of their possessing any influence.

Almost all primary sores will heal without treatment in time; but, when much induration exists, non-specific remedies fail to affect this, and the constitutional symptoms appear, as regularly and certainly, as if no treatment had been pursued.

For the secondary symptoms—with the exception of the pustular rupitic, and ecthymatous forms of syphilide, or those accompanying cachetic states of the system—mercury, in some form or other, is the best remedy.

The course I pursue is—to use the mercurial vapour bath, or mercurial inunction; allowing the patient steel and a good meat diet, if his strength appears impaired by the treatment. I invariably attempt to affect the system as slowly as possible, and to remit for a time the use of the remedy as soon as that effect has been attained.

Ricord advises that mercurials should not only be used so long as any symptoms are apparent, but that the treatment should be continued and sustained for *long periods* afterwards. With all deference to so great an authority, I am not sure that the practice indicated is a good one, even if patients could be found to submit to it. I have myself tried his plan, and, I fear, to the disadvantage of the patient.

What I conceive to be preferable is, to follow up the mercurials, so soon as the symptoms for which they have been given have fairly disappeared, by a course of steel and other remedies. In three cases (after the use of mercury, where the health seemed impaired by the remedy, and although no fresh symptoms had appeared, the cutaneous affections could not be said to be quite cured), I have given podophyllin in small doses (1-6th gr.), extract of belladonna, with great advantage. The complexion improved very markedly under the use of this remedy.

Without having any statistical evidence whereon to ground my belief, I may say that symptoms referable to internal syphilis—such as are cerebral, osseous and glandular diseases—are apt to appear when a mercurial treatment has been sustained for a long period.

What I particularly remarked also, in some cases, was a cachetic aspect, and a liability to chronic rheumatismal pains, without cutaneous manifestations of syphilis, where a mercurial plan of treatment had been too persistingly pursued. Among these rheumatoid affections, I would enumerate sciatica, and inflammations of the fibrous fasciæ covering tendons, bones, and cartilages.

The exhibition of mercury by the calomel vapour bath is excellent. It is not liable to affect the digestion, and it leaves room for exhibition of any other remedies that may be required. It is, moreover, mild, slow, and equable in its action; so that it is safer than other plans, inasmuch as we have no means of telling beforehand what effect the remedy will have upon the system. Sometimes, from these very causes, it seemed to be inadequate. Every one must have remarked the seeming antagonism between the two states of system—that engendered by syphilis and mercury. A patient will, perhaps, be easily affected by the mineral exhibited during the primary, and very difficult so during the later stages of the disease. In cases of relapsing secondaries, the system is very tolerant of the drug, and but little amenable to its action. Hence, often, mercurial inunction will cure more speedily than the calomel vapour bath. A very good plan is to rub some mercurial ointment into the thighs, and direct the patient to wear the same drawers for ten days or a fortnight, taking a tepid bath occasionally at night.

Should the patient's system be early affected by mercury, while the symptoms are not benefited, I give chlorate of potash in compound tincture of cinchona at the same time.

Of the internal preparations of mercury, I prefer the bichloride, in compound tincture of chinchona or in tincture of sesquichloride

of iron; or the iodide of mercury in half-grain doses, with iodide of potassium or syrup of the iodide of iron.

Frequently, in strumous subjects, I found it useful to give the bichloride of mercury combined with cod-liver oil, which is easily done by first dissolving the bichloride in ether, before adding it to the oil. In some of the more intractable forms of syphilitic squama, a combination of liquor arsenicalis, solution of bichloride of mercury, and tincture sesquichloride of iron, will be found very useful.

In syphilitic diseases of the skin generally, Mr. Startin's advice to avoid the use of soap in ablution is well worth bearing in mind. The soap appears to irritate and inflame the parts occupied by an exanthem, and to protract the cure of the disease.

For the symptoms denominated tertiary, it is well always to try the effect of iodides of potassium, iron, &c.; for it is in this stage of the disorder that these remedies appear so useful. Should they, however, prove inefficacious, recourse may be had to mercurial treatment, by means of the calomel vapour-bath.

In some of the syphilitic diseases of the interior of the cranium, giving rise to extreme pain and symptoms indicative of cerebral irritation or inflammation, iodide of potassium, in large doses, appears to act with rapid benefit; while in others it as completely fails. When it does, it is a good plan to shave some part of the head, blister the scalp, and dress the blistered surface with mercurial ointment; at the same time continuing the use of the iodide of potassium.

In the treatment of the external manifestations of syphilis, much benefit may be derived from local treatment. It often happens that a patient is cured of a cutaneous syphilide, in so far that no fresh spots appear, yet the older sores fail quite to disappear. In such cases local treatment succeeds admirably. To indicate some of the symptoms and states benefited by local measures, I shall enumerate a few illustrations.

Raised papules (cutaneous and mucous) may remain indolent. The application of an ointment, composed of oxide of zinc, calomel, and simple cerate, will hasten their absorption.

The eruptions such as lichen, acne and herpes, will also be much benefited by the application of oxide of zinc lotion, or ointment; and if, as often happens in soldiers who have served in warm climates, these cutaneous diseases be mixed with prurigo and urticaria, the diacetate of lead lotion will equally expedite their cure.

Some of the vesiculo-crustaceous looking spots will equally cease to reappear if the affected parts be first painted for a few days with a solution of nitrate of silver (gr. x—xx to ℥i), and the oxide of zinc lotion applied afterwards.

Tar ointment, or the alcoholic solution of tar, is an excellent application to most of the dry forms of cutaneous syphilide, and to chronic eczema of the extremities.

Indolent glandular swellings, in a similar way, will gradually disappear under the use of strong solutions of iodine.

The superficial form of ulceration attending the pustules of ecthyma will likewise be much benefited by the occasional use of solutions of nitrate of silver or sulphate of copper. The deeper forms of ulceration attending the appearance of ecthyma as a tertiary phenomenon will hardly get well without the application of caustics and local stimulants.

The fissured condition of the palms in psoriasis palmaris will be much improved by the use of glycerine.

Whenever any of the ulcerated bases of syphilitic sores threaten sloughing, lotions of potassio-tartrate of iron will generally improve their aspect.

It must not be forgotten, that a papular form of eruption may appear after the use of iodide of potassium, and be mingled with the other cutaneous affections, as I have more than once observed; this will disappear upon the discontinuance of that remedy.

In all cases of cutaneous syphilide, an occasional warm bath will have a beneficial effect.

In the secondary syphilitic sores and fissures about the lips and buccal membrane, the occasional use of nitrate of silver and lotions of chlorate of potass will prove very effective.

Syphilitic onychia is a very troublesome affection, and, in addition to the use of mercury, will require careful local treatment. It varies much in degree and severity. The milder cases are excited by an ingrowing nail, the top of which has, probably, been torn down to its bed by the patient. The overlapping fold of skin then commences to inflame and ulcerate. The plan of treatment is, to remove the pressure by inserting some cotton wool in the interval between the fold of skin and nail, at the same time that we harden the integument by lotions of nitrate of silver, and wait the growth of the nail beyond the bed upon which it rests. In other cases (particularly in true syphilitic onychia, where the ulceration commences as a dark spot at the root of the nail), it is best to scrape the nail as thin as possible, and repeatedly apply the solid nitrate of silver, as well as a lotion of the same salt, to the parts, by which the death of the nail is procured, and, as it rises from its bed, it can be separated. In some it will be necessary to enucleate the nail, and then to treat the ulcerated surface.

Syphilitic Iritis. In the treatment of this affection, mercury, and the application of atropine are the ordinary means used.

The mercury need not be given in large doses; and there is no reason against employing such other remedies as the state of the patient may indicate. It is well to drop the solution of atropine into the eye every six hours, or sufficiently frequently to maintain a dilated condition of the iris.

In some cases, neither mercurials, iodide of potassium, nor turpentine, appear to exert any effect. The iritis, instead of yielding, appears to advance. Some cases are, probably, of complicated nature—a mixture of the rheumatic with the syphilitic form of the disease.

I have seen an iritis commence in one eye of a patient who was affected with mercury for an iritis of the other eye.

In these cases there is not only a good deal of circum-orbital pain, with photophobia and lacrymation, but the anterior chamber becomes clouded; the iris with the periphery of the cornea yield, so that the latter appears to rise abruptly out of the sclerotic, although the cornea, as a whole, is less convex than normal; and the eyeball feels a trifle more tense and firm than that of the healthy organ.

In addition to the synechia, and recurrence of iritis from this very cause, there is a well grounded fear that the eyesight may remain impaired. In such case, nothing answers better than a division of the cillar-muscle and evacuation of the aqueous, by Mr. Hancock's operation.

In two cases in which I pursued this course, great and rapid improvement ensued.

The operation is so slight, and so easily performed, that there is little or nothing to fear from it in these respects. When it is considered that the ciliary muscle is the point at which the sclerotic, cornea and iris meet, and that any effusion behind the iris must tell directly upon this, the most unyielding part of the eye, we cannot be surprised at the beneficial results ensuing from its division, and the establishment of an opening between the anterior and posterior chambers.

Now that I am upon the subject of iritis, I may remark that there is a variety of ophthalmia occasionally following gonorhœa, allied, in its symptoms and appearances, to rheumatic iritis; indeed, it is a form of gonorhœal rheumatic inflammation. This disease is very easily mistaken for syphilitic iritis; but it differs from it in not having the minute beads or nodules of lymph deposited upon the iris, which are so common in the syphilitic disease. The sclerotic is always affected; the conjunctiva generally so; and the margin of the cornea looks dull, preventing the perfect view of the iris. The pupil is contracted, as in syphilitic disease, and yields difficultly to the action of atropine, but synechia is not a common result. The disease more chronic, painful and difficult of cure than the syphilitic form; photophobia and lacrymation are also more marked phenomena.

Rollet has well described this sequea of gonorrhœa. I have given the symptoms as I have observed them and the subject has been introduced here upon account of this form of disease being very commonly, but erroneously, referred to a syphilitic origin.

In conclusion, I must reiterate, what I have already implied, that any treatment of syphilis, particularly in its constitutional phases, will be materially assisted by a strict attention to hygiene. The patient cannot take too much air, nor live too plainly. In military hospitals this cannot be done, unfortunately, to anything like the required extent. Air and exercise cannot be obtained; and the patient, after a monotonous confinement within the wards of an hospital, but too frequently plunges into dissipation as soon as he leaves it.—'British Medical Journal.'

GENERAL CORRESPONDENCE.

MEDICAL PRACTITIONERS IN IRELAND AND THE (QUASI) MEDICAL ACT.

To the Editor of the Medical Circular.

DEAR SIR,—I have read your *leader* in this day's Circular on the defects of the Medical Act, and I must say that I quite agree with you in every particular you therein state. I believe the Act has proved a complete failure, and in Ireland gives little or no protection to Medical Practitioners. An action was last year tried in Dublin, and damages sought to be recovered from a medical practitioner for malpraxis in a midwifery case; but, of course, the jury found for the Defendant; and had the clause you suggest—"A Copy of the Register shall be evidence in any court of law of the competency of the person registered to practise his profession"—been inserted, vexatious actions would be put an end to, and the lawyers would not grow fat at the expense of medical men. I will give another instance of the curious anomaly of the law respecting medical witnesses. I was served with a subpœna to give medical evidence in a case that was to be tried at the last November *Assizes* in the Court of Exchequer in Dublin, and of course had to attend on the summons, as non-compliance, I believe, would lead to a penalty of 100*l.*, and be construed by

the judge to "a contempt of court." On receiving the subpœna I was tendered at the same time *ten shillings* as a viaticum, which the Attorney, no doubt, thought was a very liberal sum; and was quite enough for any country medical practitioner, no matter how extensive his practice or high his attainments. Alas, how generous!!!

I attended for six days in Dublin from ten o'clock a.m. to six o'clock p.m.; went up each day; came home again on the same day, and for my trouble and time never received one penny piece save the ten shillings alluded to. After the sixth day, the case was arranged between plaintiff and defendant; not brought to trial before the Judge, and I was sent to provide for myself as well as I could. I subsequently claimed compensation from his attorney, who caused me to be summoned on behalf of the plaintiff (who has not the means to pay), and by him was referred to the attorney for the defendant (who has the means of paying), but he in turn repudiates the claim. I must here state for the benefit of your English readers, that Drogheda is thirty miles distant by rail from Dublin, so that each day I travelled by rail sixty miles, and during the six days I consequently travelled 360 miles. Is not this a hardship? is not this a grievance? I trust you will kindly advocate the amendment of the Medical Act, and urge on the Medical Council the necessity of its repeal.

I have looked over "Churchill's Directory," and find stated in the Chapter "The Medical Witnesses' Act," 6 and 7 William 4th, Chapter 89, under the heading.

"Allowances to witnesses for attending to give evidence in courts of law:

	Per day.						Per day in County Courts.		
Surgeons, surveyors, attorneys	£1	1	0 to	£2	2	0	£0	7	6
Merchants - - - -				1	1	0	0	7	6
Tradesmen, Farmers, &c. -	0	10	0 to	0	15	0	0	5	0
Journeymen, Mechanics -	0	6	0 to	0	7	0	0	2	0
Females - -	0	5	0 to	1	0	0			

How strange it must appear that in England medical witnesses are provided for, but in Ireland nothing of the kind appears to exist. I suppose it has never struck our *worthy* Irish Members of Parliament to legislate on the matter, and I am sure had not the medical profession in Ireland been so apathetic, something would have been done on the subject long ere this. Solicitors are paid for their time and trouble; and why not medical men? I extract the following from the Dublin 'Morning News' of the 12th ultimo, which will then show how solicitors attend to themselves.

"Court of Bankruptcy and Insolvency.

Fees to Professional Witnesses.

"A solicitor who attended as a witness in the last case, on a former day asked to be remunerated according to a professional scale for attending, *independently of his expense.* The amount of remuneration asked for was *three guineas a day.*

"Judge Lynch said, as it was a matter of considerable importance to professional men who were so frequently obliged to attend as witnesses in the court, he would enquire as to the practice from the Chief Registrar. His lordship yesterday stated that he made enquiry, and the Chief Registrar reported they were entitled to *two guineas a day and travelling expenses.*

"Mr. Larkin said he was aware that in the Court of Chancery, the practice was to allow a solicitor the full fee for attending as a witness, and as the Court of Bankruptcy was a Court of Equity, he considered it ought to follow the equitable rule. (Laughter).

"Mr. Perry said that in the schedule of fees he believed the solicitor was allowed *three guineas a day.*

"Mr. Larkin said it would be a great hardship in solicitors attending as witnesses if they were not adequately compensated.

"Judge Lynch said for the present he would make no order, but consult Judge Berwick on the subject, and definitely settle the practice."

I have endeavoured to make the foregoing case as plain and unadorned as possible, in order that any person reading the same may thoroughly understand it. I hope, as you have always advocated Medical Reform, and remedied abuses, you will urge on the Medical Council the necessity of introducing a clause into the Medical Act, whereby the *plaintiff* or *defendant*, or rather the *attorney* summoning could be made amenable for the expense of a medical witness, and that the daily remuneration of every Registered Medical Practitioner should be fixed at *three guineas a day, and half a guinea for incidental expenses.*" Hoping you will insert the above letter.

I am, &c.,

William C. Horgan, M.D. (St. Andrews),
Lic. Fac. Phys. and Surg. Glasg.; L.A.H. Dub.,
Registered.

Apothecaries Hall, Drogheda,
5th March, 1863.

[The importance of the subject treated of in the foregoing letter is self-evident. We recommend it to the notice of Mr. Brady.—Ed. Med. Circular.]

RUSSELL *v.* ADAMS.

LETTER FROM F. C. V. PIKE, ESQ.

Sir,—Certain statements having appeared in some of the medical journals in reference to the late action of Russell *v.* Adams, to the effect that I was professionally engaged and my costs paid by Mr. Propert, I beg to state most unequivocally that my services were engaged by Miss Russell and her mother, with the latter of whom I had become professionally acquainted upwards of eighteen years previously.

The action of Russell *v.* Adams was commenced so far back as November 21st, 1861. It was not, however until after incessant solicitations by Miss Russell and her mother that I, with the consent of Miss Russell's then attorney assented on January 22nd *in the present year* to become the attorney for the plaintiff in that action.

I have not, directly or indirectly, received, nor do I expect to receive, any portion of my costs in such action from Mr. Propert; and I may add that I had no communication whatever with Mr. Propert with reference to my undertaking the prosecution of the action on behalf of Miss Russell.

I am, etc.,

F. C. V. Pike.

6 Serle Street, Lincoln's Inn, March 4th, 1863.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, February 24.

Dr. Babington, President, in the Chair.

A Paper, by Deputy Inspector-General T. Longmore, was read, entitled,

REMARKS ON TWO CASES OF KELIS.

The writer referred to the Paper by the late Dr. Addison, in the thirty-seventh volume of the Society's 'Transactions' on the "Keloid of Alibert," and on that form of kelis which he (Dr. Addison) considered to be of a distinct character, and which he designated "true keloid." The two cases now brought to the notice of the Society were very striking illustrations of these two forms of keloid diseases; but the writer was led to question whether evidence was not afforded by them that they were only simple varieties of one and the same affection, dependent upon the same keloid constitution of the dermal tissue, and owing their different features solely to the differences in the exciting causes. In the first case, the disease was developed after punishment, by flogging, of a comparatively light nature. There was scarcely any laceration of the skin. About three months after the date of punishment, the soldier noticed a growth upon the spot where the flogging had been chiefly received. This growth gradually increased from a small round tubercle to a large flat mass, nearly as large as a man's hand. It was not accompanied with pain, but there was irritability, itching, and tenderness, when the part was subjected to the pressure of the cross-belt and weight of the knapsack. On the front of the patient's chest were several small tumours, evidently of the same nature, but the date of the first appearance of these growths could not be ascertained. The disease in the second case was more extensive than had been described by any writer hitherto, and presented a most remarkable appearance. It was of the kind which Dr. Addison considered should be separated from the former variety under the name of "true keloid." The patient, a cavalry soldier, of strong, powerful frame, went to India with his regiment in November, 1857. Five months afterwards, at the commencement of the hot season, he began to suffer from lichen tropicus, in common with all the other men of the regiment. About a month afterwards, the keloid disease began to show itself, in the form of a few prominent red tubercles on the right fore-arm. It next appeared over the middle of the sternum, and thence extended gradually toward the two sides of the body. At the same time it appeared on the left shoulder and various parts of the back, and continued to spread until it had covered the entire dorsal surface of the body. The skin of the face was also affected. The physical characters and accompanying symptoms of the disease in both instances were fully described in the historical accounts of the cases presented to the Society. Their characteristic features were represented in the drawings and photographs. The writer urged that no two more striking examples of the two species, "true keloid" and "spurious keloid," according to those who designate them as distinct species, could be met with than the cases brought to the notice of the Society. He argued, however, that, in the case in which the kelis was excited by flogging, the comparative slightness of the punishment, the rarity of such a consequence, but more particularly the presence of the keloid spots in their favourite habitat—the skin covering the anterior part of the chest—established the constitutional nature of the disease, just as fully as it was established in the second case, where it appeared to follow the excitement of the prickly heat. The fact, too, that the general

characters of the diseased growths in both instances were alike, and that in each instance the hypertrophy was greatest where the pressure of the cross-belt was chiefly exerted, confirmed still further the identity of their nature. The deduction was hence drawn, that, both the patients being of a keloid diathesis, the difference in the mode of distribution, and in some of the features, of the diseased growths in the two cases could be accounted for by the different natures of the exciting causes. No treatment had appeared to exert permanent beneficial change in either case. The fact that the pressure of the cross-belt acted in each instance as a stimulus to increased growth was held to be a sufficient argument against treatment by continued pressure, which had been recommended by some surgeons. The evidence of the constitutional origin in the case where the chief tumour was isolated upon the left shoulder, as well as the nature of the immediately exciting cause, had counter-indicated any attempt at cure by extirpation.

Mr. Partridge asked Mr. Lee to give the result of a case of kelis on which he had operated some years ago.

Mr. Henry Lee said that in that case the arms were bound down to the side by contractions of the skin from the disease. There were, however, no interstices. He divided the adhesions, but interfered with the kelis as little as possible. The result was very satisfactory.

Dr. Greenhow said that a few months ago he saw a young lady who had had a small tumour removed from the shoulder. The cicatrix became hard, and increased in size. It was removed three times, but it recurred again, and when Dr. Greenhow saw her last, there was a pink, hard, and elastic swelling. He advised that it should not be again removed. He found that she had had a number of boils, and that the scars left by all of them had become hard. The small tumour on the shoulder formed in the site of a boil.

Mr. Curling considered Mr. Lee had been fortunate in his case, as keloid disease generally returned in the cicatrix after excision. Some years ago, he had under his care, in the London Hospital, a case of extensive keloid growth in the cicatrix of a burn on the neck and chest, in which steady pressure and other means were tried without success. The friends wished something more to be done, but, before venturing to excise the whole of the disease, he removed a small isolated growth, but it returned, and he therefore declined performing any further operation. The case afterwards came under Mr. Skey's care at St. Bartholomew's Hospital, and was operated on there, but he did not know with what result. Mr. Curling doubted whether the two cases described by the author were genuine examples of the two forms of keloid disease described by Dr. Addison. Both appeared to him to belong to the form called spurious keloid, though the second did not arise from any injury to the skin. He spoke with some reserve, as the diseases were rare, and he had witnessed only one case of the true keloid. He differed from the author in regarding the diseases as quite distinct, and, therefore regretted that the same term keloid had been applied to both of them by Dr. Addison. In the true keloid, the skin was extensively affected, became like parchment, the part was "hide-bound" and shrunk. Such was the condition in the case he had witnessed, where the side of the face, the neck, and both arms were affected, the motions of the limbs being impeded. In both the cases described by the author, the skin was hypertrophied, and tubercles or swellings existed.

Mr. Partridge mentioned the case of a young lady who had had boils, in the scars of which were little tumours. One the size of a pea was removed, but the disease returned in the scar of the incision, and also in the scars of the punctures made in closing the wound. The disease was again removed, but it returned.

The Author then briefly replied.

Dr. Robert Lee gave

AN ESTIMATE OF THE EXTENT TO WHICH HUMAN LIFE HAS BEEN PROLONGED OR ABRIDGED BY OVARIOTOMY.

Dr. Lee, after stating that statistical tables of ovariotomy have been compiled with great labour at different periods by various eminent individuals, proceeds to analyse the tables of Dr. Clay, published in 1860, which comprise in all 567 cases. Of these, 242 were considered successful, and in 235 the patients died from the direct effects of the operation. If 477 cases be deducted from 567, there will remain 90 cases. Whether, however, life was prolonged or abridged in these cases, Dr. Lee cannot state, as he has been furnished with no information on the subject. The author avers that since 1860 the operation of ovariotomy has been performed in numerous cases in Great Britain, and that a number of fatal cases have occurred of which no report has been published. In illustration of this statement, he gives brief accounts of thirteen unsuccessful cases, not hitherto published, of which he has obtained information. Dr. Lee concludes his remarks with the statement that he considers it demonstrated that ovariotomy is an unjustifiable operation where the life of the patient is not in immediate danger, and where there is not a great probability of the life of the patient being saved by the removal of the disease.

Mr. Macilwain thought that what was wanted was more accuracy in diagnosis, and had no doubt that there had been even worse mistakes than Dr. Lee had enumerated, and that a great many had died from a want of knowledge of certain circumstances previous to operation. He considered that the facts required to decide a question so important could not possibly be gathered by any single person, however large his experience might be. But by a vigorous action of this society, enough facts might be accumulated in a few years from which more definite conclusions could be drawn. He considered that this disease ought to be studied from the laws of general pathology, and he felt convinced that the danger of removing the ovary had been exaggerated. He had observed that Mr. Spencer Wells, in his paper on the subject, seemed to regard the after-treatment as the Alpha and Omega. It was to be repose. Mr. Spencer Wells had given him the addresses of twelve women, residing in the suburbs, who had been operated on, and who are now quite well. He had seen ten of these cases, and he felt convinced that the question of ovariotomy was worthy of most serious consideration, and that it should not be the subject of mere hostile interchange of opinions. The first case he saw (and he would add that they were all pretty much alike), was a young woman from whom Mr. Wells had removed a tumour weighing forty pounds. She and the other nine were quite well. He regretted very much that he had not had the pleasure of Dr. Lee's company. In conclusion, he begged respectfully to suggest to the Council that they should issue a series of questions for the collection of information on cases of this operation. In two years, he thought, a sufficient amount of evidence would be obtained.

Mr. Baker Brown stated, that so far from finding fault with Dr. Lee for bringing this subject so frequently under discussion, he felt extremely obliged to him for so doing, feeling convinced that the greater the investigation the greater must necessarily be the elimination of truth; that he (Mr. Brown) had openly and frankly published every unsuccessful case which had occurred in his own hands, and he believed, as a rule, other ovariotomists had done the same; that he had performed the operation fifty-three times during the past twelve years, the result being twenty-nine recoveries and twenty-four deaths; that, as far as he knew, only two of these had subsequently died—one from fever, after making a perfect recovery; the other from the recurrence of the disease in the other ovary, which at the time of operation was perfectly healthy, and which, as he understood, had lately been removed by another gentleman, and followed by death in three or four days. The mortality of his practice of late years had been very much less than during the first years, as evinced by the fact that, in the London Surgical Home, of the thirty-one operations performed, there had been only ten deaths; and of the last fifteen operations there, and in private practice, he had only had four deaths. Mr. Brown had been surprised to hear Dr. Lee assert that some speaker on the last occasion on which Dr. Lee had brought this subject before the Society had stated that the operation was simple and not dangerous. Mr. Brown, on the contrary, believed it to be the most dangerous operation that was ever performed; so dangerous, indeed, did Mr. Brown consider the operation, that he never on any occasion advised a patient to have it performed; that he placed the facts of the case frankly and fairly before the patient, and having done so, left her, assisted by her friends, alone to decide; and although easy of performance, it could not be called a simple operation, as the complications were often of the most serious nature. It was not an operation requiring great surgical skill, but plenty of nerve. Mr. Brown observed that the most important part of the question was that of diagnosis; that, although he had devoted more than thirty years of his life to the careful study of this subject, and had paid especial regard to the question of diagnosis, he unhesitatingly affirmed that there were no rules which could be laid down so absolute as to enable any surgeon to diagnose with perfect certainty before operation. He would therefore express a strong hope that Dr. Lee would continue to give his great powers of mind and investigation to the solution of this most difficult problem, believing that he would thereby do more good service, and strengthen the hands of the operating surgeon, than by any further attempt to discourage ovariotomy. Dr. Lee stated that he had inquired of a surgeon whether, if he were a woman, he would have submitted to the operation, to which inquiry no answer had been returned. Mr. Brown observed that he could not enter into the question in the way placed by Dr. Lee; but he could assert that ten years ago he had performed this operation on his own sister; that she had since married, had lately been confined in New Zealand of her fifth girl, and had never had any illness from the date of the operation; that he should, if occasion arose, follow the same plan in any one near or dear to him, if it were a case suitable for operation. Therefore, in conclusion, Mr. Brown observed that he did consider this operation justifiable, and it ought to be recognised as a legitimate one in Surgery.

Dr. Tyler Smith said that the fatal case in his practice to which Dr. Lee had referred was very inaccurately stated. It was not a case of ovarian disease at all, but of cancerous tumour of the mesentery. The patient was in extreme danger at the time, and had been warned of the probable result of the attempt at operation. He thought it unfair that Dr. Lee should bestow so much time in

seeking out the unsuccessful cases, while he paid little or no attention to those which were successful. This plan was as unreasonable as it would be to test any point of Medical or Surgical practice by visiting a cemetery. Dr. Lee maintained, as one of his chief grounds of objection to the operation, that in many cases of ovarian tumour the progress of the disease was so slow that, taking those who were killed by the operation and those who recovered into account, the average duration of life was not, on the whole, prolonged by ovariotomy. On this point his opinion deserved every possible attention. All knew that occasionally cases were met with where tapping was borne a great number of times, or where the tumours remained almost stationary for many years, so that such patient might, and sometimes did, actually reach the ordinary term of life. In the greater number of cases the progress of disease was, however, more rapid, and a time sooner or later came in which life was threatened, and interference, either by tapping or removal, became necessary. Still, the facts respecting the occasionally chronic character of these tumours, as insisted on by Dr. Lee, ought to be well weighed in regard to the operation in every given case. They had undoubtedly an important bearing on ovariotomy. Mr. Spencer Wells had, on the last occasion on which the subject was discussed by the Society said, in reference to this point, that ovariotomy did not differ from other operations, and that the healthier the patient at the time of the operation, the greater were the chances of success; while Mr. Hutchinson maintained that the earlier it was performed the better. He (Dr. Tyler Smith) held a different opinion. There was a great peculiarity about ovarian disease—namely, that beyond the material abstracted from the system, it was only injurious by mechanical pressure. These tumours did not otherwise threaten life. It was not therefore right, in his belief, to operate until the health began decidedly to give way. Of course we ought not to wait till the health was so completely broken as to destroy the chances of the success of the operation. But there should be unmistakable signs of mischief from further delay before we were justified in resorting to ovariotomy. Otherwise there would be many cases of success, but mixed up with them would be cases of women cut off suddenly in the prime of life, merely the subjects of mechanical discomfort, and who but for the operation would have lived many years. Such cases must cause great regret to any operator. He believed that, as regarded the prospect of operating successfully, we did not lose anything by waiting till the disease had begun to threaten life. There was a well-known axiom of John Hunter, that "health bears disease ill." This might be applied to Surgical operations, and persons in good health did not, according to his (Dr. Tyler Smith's) experience, bear ovariotomy so well as those who were in a lower condition. In the latter there was far less risk of peritonitis; and it was acknowledged that women between fifty and sixty years of age, who had passed the meridian of strength, recovered better than the young or middle-aged. Nor was anything lost by waiting. The only evil of such delay as he recommended was the possible formation of adhesions, but even these adhesions did not greatly diminish the chances of success. At all events, we ought not, for fear of their occurrence, to expose women in fair health to the chances of a sudden and violent death. The objections of Dr. Lee were not, then, in his opinion, sufficient to condemn the operation, but only its indiscriminate performance. He had as far as possible gone upon the principles now laid down, and out of fifteen cases twelve had recovered; and he had only made the one error of diagnosis in the case adverted to by Dr. Lee.

Mr. Spencer Wells repudiated altogether the practice attributed to him by Dr. Tyler Smith, of performing ovariotomy in all stages of ovarian disease. In both the papers which he had read before that Society, and in one read before the British Medical Association at Canterbury, he had stated his belief, as clearly and strongly as he could, that, while it was wrong to put off any serious operations until the health of the patient was so broken down that there could be no reasonable hope of success, on the other hand, it was wrong to advise any patient to submit to any serious operation unless her life was seriously endangered by the disease. It was by care in the selection of cases that the judgment of the Surgeon must be tested. If he performed ovariotomy before it was rendered necessary by the progress of disease, he would often lose patients who might live for years without operation; but if he did not operate till the disease was very far advanced, his operations would be unsuccessful because they were performed too late. In all his own cases he was guided by these considerations, and there was no foundation for the statement that he performed ovariotomy indiscriminately. Some of Dr. Lee's arguments were also very unfair. He had alluded to one case in which death had followed an incision made into an ovarian tumour at the Westminster Hospital. He (Mr. Wells) knew nothing of the case; but it was obviously wrong to call that case one of attempted ovariotomy because the operator chose to tap with a scalpel instead of with a trocar, in order to empty a cyst more completely of viscid contents. This had to be done occasionally to give temporary relief in cases where ovariotomy could not be thought of. Then Dr. Lee ignored altogether the fact, that fatal cases after tapping were constantly occurring, but no one thought it worth while to record them. It was said to be the natural progress of disease, which tapping could not check. But patients frequently died in a few days, or a few weeks after tapping, whose lives probably might have been saved by ovariotomy. Dr. Lee had shown great industry in collecting unrecorded cases of failure, but nothing would induce him to see patients who had recovered after ovariotomy, and remained in good health. In reply to a request from Dr. Lee, he (Mr. Wells) had given him, some weeks ago, the names of twelve patients, all living within three miles of Savile row, and told him that he could see them at his own time. Dr. Lee first arranged to see them with Mr. Macilwain; but, at last, Mr. Macilwain was obliged to go alone, and Dr. Lee had not seen one of these patients. It was as unfair to ignore successful cases and make fatal cases only known, as the opposite error, for which Dr. Lee so pertinaciously charged his opponents. Doubtless, some unsuccessful cases had not been reported; but the same might be said of successful cases. That very morning, Dr. Royle, of Manchester, had called upon him (Mr. Wells), and told him of two successful cases which he had not published. In addition to the statistics given by the two previous speakers, Mr. Wells stated that, besides one case in which he had performed ovariotomy for the second time on one patient, he had operated in fifty-five cases, with a result of eighteen deaths and thirty-seven recoveries. In his later cases his success had been much greater than in his earlier cases; for of the last twenty cases, eighteen had recovered, and only two had died. These facts were quite enough to prove that the time had passed when an operation performed with such results could be denounced by any man of sound judgment as "unjustifiable." Mr. Wells concluded by expressing the hope that the Council would adopt the suggestion of Mr. Macilwain, would appoint a committee, and would instruct that committee carefully to inquire into the condition, years after operation, of those patients who had recovered.

Mr. Charles Hawkins urged on the Society the adoption of Mr. Macilwain's proposition. He considered that there was a tendency to regard the operation with greater favour than before. He agreed with Mr. Baker Brown, that the question should be fairly stated to the patient. It was a very remarkable thing that the leading Surgeons had not expressed any opinion on the subject. He had attended all the discussions on the subject, in the hope that they would; but, with the exception of those who had made diseases of this class a specialty, not three of the leading Surgeons had said anything either for or against the operation. He was surprised that so little attention was paid to the fact, that women with ovarian disease often live a long time. In one instance a patient lived twenty years, and was tapped three times in that period. There was this in favour of the operation, that, if the patients got well, they kept well; but, then, in the unsuccessful cases, many might have lived with the disease who were cut off by the operation. Mr. Spencer Wells had spoken of patients frequently dying after tapping, but he thought this was really rare. It was quite clear that what was wanted was greater certainty in diagnosis, and also a better account of patients who have been left alone. He did not see any harm in finding out unsuccessful cases, and thought it not wrong to go to churchyards to study diseases. He concluded by seconding Mr. Macilwain's suggestion.

Mr. Curling did not think the remarks made by Mr. Hawkins respecting the silence of Hospital Surgeons should pass without receiving some reply. The fact was, only a small number of operations for ovariotomy had been performed in the metropolitan Hospitals. With the exception of one large Hospital, it was only in recent years that an obstetric department had been attached to these institutions, so that comparatively few patients labouring under ovarian disease apply there for relief. They resort chiefly to obstetric Physicians, and to surgeons who cultivate a special department of practice—the diseases of women. It has been questioned whether a large hospital is the best place for the performance of this important operation, and certainly no Surgeon would be justified in undertaking it whilst pyæmia or erysipelas prevailed in the wards. Then, the application for the admission of other cases are so pressing that it is sometimes difficult to devote a ward solely to a case of ovariotomy. On a recent occasion, at the London Hospital, his colleague Mr. Maunder, had to wait some weeks before he could obtain a suitable ward for the treatment of an ovarian case. Hospital Surgeons, however, do not shrink from undertaking these operations in suitable cases, sanctioned by their obstetric colleagues. Four operations had been performed at the London Hospital, two of which were done by himself. He believed that the particulars of them had been published. One was successful, and three died. The reason why Hospital Surgeons did not take a prominent part in these discussions on ovariotomy was, because they could speak only from limited experience.

Dr. Lee said his attention had been called to ovariotomy at an early period, in consequence of a fatal case having occurred, in which a fibrous tumour of the uterus was mistaken by another Physician for a tumour of the ovarium, and removed. He (Dr. Lee) resolved to investigate the whole subject of the pathology of the ovaries in relation to this operation. With this view he ex-

amined carefully every case of ovarian disease that came under observation, preserved accurate written histories and where death took place the bodies were examined, for the express purpose of determining whether life could have been preserved by ovariotomy. This, he conceived, was the only method by which a knowledge of the diagnosis and prognosis and treatment of ovarian disease could be acquired. Dr. Lee said that he had published 170 cases, and could now communicate double that number. The result of all these inquiries was, that it was impossible in any case to determine before actually laying open the abdomen what the condition of the viscera was, and hence it was not justifiable to perform such a dangerous operation in the dark or at a venture. He thought it most unphilosophical to set aside the experience of the whole world during a long course of years, and now to substitute in its place the experience of the marvellous and boasted success of a few Practitioners during the last two years. The tables referred to in the paper contained abridged histories of 567 cases of ovariotomy —all that had occurred from the period of the first operation in America, but forty-five years ago, up to February 1860. Of these 567 cases, 242 were stated to have been successful; and 235, or about one half, died speedily after the operation. There then remained 90 cases wherein the operation of ovariotomy was performed, the greater number of which might justly be added to the list of fatal cases, though they had been included in the list of recoveries. The fact being now universally admitted that the diagnosis of ovarian disease was most difficult, the prognosis uncertain, and the operation of ovariotomy fatal in a large proportion of cases, or 50 per cent., he (Dr. Lee) continued to think that it was unjustifiable, except under the circumstances stated at the conclusion of the paper. The personal remarks which had been made he considered it unnecessary again to notice. No one had ventured to impugn the accuracy of the statements made in the paper. In the course of his observations, Dr. Lee said he considered it not only unscientific, but an inhuman act, to publish all the successful and conceal many fatal cases; and added that he had performed the operation of ovariotomy frequently on the dead body, but never on the living subject. He had however, recently witnessed the performance of the operation by Mr. Spencer Wells, and a most horrible sight it certainly appeared. The bowels gushed out of the wound, reminding him of the fate of Judis Iscariot. Yet the patient was reported to have recovered; thus showing how very great an injury might be inflicted on the abdominal viscera without causing death, which he considered a striking physiological phenomenon. Some of the occurrences which had taken place during the last twelve months he considered an opprobrium to Surgery and Midwifery. In a case which occurred some years ago in St. George's Hospital, Dr. Lee stated that he had called a consultation of the Surgeons, observing that if the operation was ever to be performed, this was a proper example. The Surgeons refused to operate, unless Dr. Lee gave his sanction, which he could not do conscientiously, believing the patient's life to be in no immediate danger. This young woman had been operated upon by Mr. Spencer Wells, and she was now alive. More recently a case of ovariotomy had occurred at St. George's Hospital, but he (Dr. Lee) never saw the patient, and was not called upon to give any opinion respecting the operation, and therefore was in no way responsible. In conclusion, he referred to a case that had occurred to Mr. Spencer Wells the day before, and, respecting which, it had been reported to him that it was ascites, and not ovarian dropsy.

Births, Marriages, and Deaths.

BIRTHS.

Burton.—On the 24th ult., at Anglesey, Gosport, Hants, the wife of Dr. Burton, Surgeon R.N., of a son.

Dudfield.—On the 27th ult., at Upper Phillimore place, Kensington, the wife of T. Orme Dudfield, M.D., of a son.

Crabb.—On the 28th ult., at Pelham house, Poole, Dorsetshire, the wife of A. Crabb, M.D., of a daughter.

Fletcher.—On the 1st inst., at Lever street, Manchester, the wife of J. Ogden Fletcher, M.D., of a daughter.

Hawkins.—On the 2nd inst., at Albert square, Commercial road East, the wife of J. Stillwell Hawkins, M.R.C.S.E., of a son.

Holmes.—On the 25th ult., at the Pigeon house Fort, Dublin, the wife of William Holmes, M.R.C.S.E., Staff Assist.-Surg. Army, of a daughter.

Plowman.—On the 23rd ult., at North Curry, Somersetshire, the wife of Thomas Plowman, M.R.C.S.E., of a son.

MARRIAGES.

Burch—Fowler.—January 20, at Toronto, Upper Canada, J. Burch, M.D., to Miss Esther Fowler.

Finucane—Elsmere.—On the 25th ult., at Newry, T. D. Finucane, Surgeon, of Blackrock, co. Dublin, to Ada Emily, daughter of the late Rev. A. S. Elsmere, M.A.

Macdonald—Langlands.—December 3, at Horsham, Australia, A. Macdonald, M.D., to Christina Thoms, second daughter of the late G. Langlands, Esq., of St. Andrews', Scotland.

DEATHS.

Boaland.—On the 22nd ult., at Bridgman house, Teddington, J. Berland, M.D., Inspector-General of Army Hospitals, aged 88.

Dallas.—January 24, at Hamilton, Upper Canada, J. I. Dallas, M.D., aged 46.

Haywood.—Lately, R. Haywood, M.R.C.S.E., of Locust cottage, Landport, Portsea, retired Surgeon R.N.

McMath.—December 2, at Benin, West Coast of Africa, Alexander McMath, M.D., aged 33.

Mitchell.—On the 14th ult., John Mitchell, L.F.P.S. Glasg., of Kilmarnock, aged 46.

Newton.—On the 22nd ult., at Northallerton, Thomas Newton, M.R.C.S.E., of Knayton, Thirsk, Yorkshire, aged 60.

MEDICAL NEWS.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 26th ult.:—James Hunter Armstrong, Harmer-street, Gravesend; George Branston Valentine Nash, Royal Infirmary, Liverpool; Robert Slade, Poole, Dorset.

The following gentleman also on the same day passed his first examination:—Francis W. S. Wicksteed, St. Bartholomew's Hospital.

The Origin of Cow-Pox.—The Imperial Academy of Medicine of Paris has appointed a commission to inquire into the origin of vaccine.

The Odontological Society.—The united bodies, "The Odontological Society of London" and "The College of Dentists," have adopted the title of "The Odontological Society of Great Britain."

City Dispensary.—At the recent anniversary, it was stated by the treasurer, Thomas Hankey, Esq., that 12,000 cases were annually treated at this dispensary at an average cost of not more than sixpence per head.

Teething.—During ten years ending 1860, the deaths of no fewer than 6703 children were registered as having arisen from this cause in London. During the year 1862, the deaths from the same cause numbered 761.

Munificent Legacy.—The Marquis of Lansdowne, the late Lord-Lieutenant of the county of Wilts has, by a codicil to his will, bequeathed the handsome sum of 3000*l.*, free of legacy duty, to the Salisbury Infirmary.

The Coronership for Rutland.—Mr. John Thomas Keal, M.R.C.S. Eng., has formally announced his withdrawal as a candidate for the above office; and it is therefore probable that his brother Mr. Wm. Keal, will be elected without opposition.

King's College.—At a meeting of the Council of this institution on Friday last, Dr. Priestley, of the Middlesex Hospital, was elected Professor of Midwifery and Diseases of Women and Children, in the vacancy occasioned by the resignation of Dr. Arthur Farre.

Indian Medical Service.—(From the 'Englishman,' December 19).—Sir Charles Wood's victims out here are not exactly quite so purblind as he thinks them, especially when their own vital interests and rights are concerned; if they cannot always see which way the wind blows when a few odd straws are thrown up, they can pretty well perceive how the atmospheric current is setting when a whole sheaf is scattered in the air. The Medical officers of the late Company's office have, for a long time, thought and felt that they had suffered serious injustice at Sir Charles's hands, and latterly appear to have settled down into that apathy which marks the demeanour of people who believe that their cup of despair is full. But in this assumption they have been mistaken; as they have just now received the greatest discouragements yet, in our opinion, sustained by them as a service. The blow has been inflicted with a clumsy stealthiness which shows a sense of its injustice even on the part of him who delivers it, but which does not for a moment conceal it from those who are at all acquainted with the actions and manœuvres of the striker. If any person will take up the 'Official Quarterly Army List' just published, and will open the pages assigned to the Medical department, he will miss from above the names of a number of officers the heading "Surgeon-Majors," and he will find in a side column the date of arrival at that distinguished honour and exalted rank, notified by two small italics somewhat as the Brevet-Captains in the Sepoy Corps used to be indicated in former times. Perhaps it may be thought that this matters little, is of no real significance, and has been arranged by the compiler or printer of the Army List; but we can assure the medical service that such is by no means the case; and that, on the contrary, it is Sir Charles Wood's doing, through the military authorities of this country. Its significance only amounts to this, that the promises and provisions of the Royal Medical Warrant are not to be extended to the Indian medical officers; that their having served up to the rank of Surgeon Majors is to bring no material advantages whatever with it, and that, finally, it is only as it were brevet, or to speak more correctly, titular rank. We are not writing down hasty suppositions or assumed deductions, but are giving to the medical officers and the public the substance of the orders sent out by Sir Charles Wood to this country on the

subject in question. There is nothing of doubt, assumption, or supposition about the matter; it is exactly as we have stated. In the Royal Army List the Surgeons Major remain as they have always been, and in the Royal Army their rank, that of Lieutenant-Colonel, carries all the advantages of that rank with it—pay, precedence, quarters, brass spurs, scuttles of coals, and dip candles, colonial allowances when abroad, and, in a word, everything that is desirable, useful, or trivial. But the Indian Medical Service is to "die out," and in the last days of its good and honourable career it is to be injured and insulted, and the faith of sovereign and country—of her Majesty's word and Warrant is to be broken with it by one of the most unjust and unscrupulous men who has held high official employ in England since the days of the Walpoles. In the Army List to which we have referred, it will be seen that the Surgeons who, by the terms of the Royal Warrant, where to rank as majors, have no rank whatever assigned to them, but as, even if they had it, it would bring them no advantage, they are of course better without it. It is now fully obvious that for the Medical officers of the late Company's armies to expect anything like justice or consideration would be nothing short of stupid infatuation; that they have got all they will ever get from him; and that, in all probability, if he could take from them the little they still have, he would do so. They may now, "die out."

Testimonial to Dr. Fenwick.—For some time past a few of Dr. Fenwick's friends have been raising subscriptions to present him with a token of their respect on the occasion of his leaving the town. On Tuesday evening he was waited on by the Rev. C. A. Mackenzie, who, in the name of his numerous friends in North Shields, presented him with a costly and elegant tea and coffee service, together with a tray bearing a suitable inscription. Mr. Mackenzie, in discharging the pleasing duty imposed on him, gave expression to the high esteem in which Dr. Fenwick was held by his friends as a man, a Christian, and a physician; their sincere regret at the prospect of his removal to another though larger sphere; and the hope they cherish that he may long be spared to advance the interests of a profession in which he has already won so distinguished a place. Dr. Fenwick replied in brief, but most feeling terms. The service and tray are unusually chaste and elegant.

Appointments.—F. Allday, M.R.C.S.E., has been appointed Medical Officer of the Merthyr Tydvil Union Workhouse, Glamorganshire, *vice* J. W. Jones, M.R.C.S.E., resigned.—William Anderson, M.D., has been appointed Resident Physician and Medical Tutor to the Birmingham General Hospital, *vice* Jas. Laidlaw Maxwell, M.D., resigned.—S. Duke, M.D. has been appointed House-Surgeon to the Great Northern Hospital, King's-cross, *vice* Collins Curtis, M.R.C.S E., resigned.—W. A. Elliston, M.D., has been appointed Medical Officer to the Claydon District of the Bosmere and Claydon Union, Suffolk, *vice* W. H. Meadows, M.R.C.S.E., resigned.—H. Falconer, M.D., has been elected Foreign Secretary of the Geological Society for the ensuing year.—J. Fenton, F.R.C.S.E., has been appointed Surgeon to the South Division of the Liverpool Constabulary Force, *vice* J. Cooper, deceased.—Griffith H. Griffiths, M.R.C.S.E., M.D., has been elected Medical Officer and Public Vaccinator for District No. 4 of the Church Stretton Union, Salop, *vice* C. Mott, M.R.C.S.E., deceased.—J. Haast, M.D., has been elected a Fellow of the Geological Society.—S. Hammond, L.R.C.P.Ed., has been appointed Medical Officer to District No. 1 of the Midhurst Union, Sussex, *vice* J. Mulready, M.D. resigned.—Jabez Hogg M.R.C.S.E., has been appointed Surgeon Oculist to the Royal Masonic Schools for Girls and Boys.—J. Jones, M.R.C.S.E., has been appointed House-Surgeon and Secretary to the Isle of Wight Royal Infirmary, *vice* J. J. Cook, L.F.P.S.Glas., resigned.—F. Kelly, M.R.C.S.E., has been elected Medical Officer to the South District of the West London Union, *vice* E. Digby, M.R.C.S.E., resigned.—S. Knaggs, M.R.C.S.E., has been elected Surgeon to the Huddersfield and Upper Agbrigg Infirmary.—R. Laycock, M.R.C.S.E., has been appointed Medical Officer of District No. 1 and the Workhouse of the Bramley Union, Yorkshire.—J. T. Morris, M.D., has been appointed Medical Officer of the Heyford District of the Bicester Union, Oxfordshire, *vice* T. Wm. Turner, M.R.C.S.E., deceased.—R. H. Newett, L.R.C.S.Ed., has been elected resident Surgeon and Compounder to the Balfast Union Workhouse, *vice* H. P. Rea, M.D., elected to the Smithfield District of the same Union.—H. W. Priestman Newton has been appointed House-Surgeon and Dispenser to the Chesterfield and North Derbyshire Hospital, *vice* Rowland Hills, whose appointment has expired.—J. F. Ollard, M.R.C.S.E., has been appointed one of the Honorary Medical Officers to the Isle of Wight Royal Infirmary.—J. H. Park, M.D., has been re-elected Medical Officer for the ensuing year to the Parish of Monifieth.—Broome Pinniger, M.R.C.S.E., has been appointed one of the Honorary Medical Officers to the Isle of Wight Royal Infirmary.—J. Robinson Pope, M.R.C.S.E., has been elected Surgeon to the East Sussex, Hastings, and St. Leonard's Infirmary, *vice* J. Savery, M.D., resigned.—G. W. Rhodes, M.R.C.S.E., has been elected Surgeon to the Huddersfield and Upper Agbrigg Infirmary.—P. C. Shepheard, M.R.C.S.E., has been appointed Assistant Medical Officer to the Three Counties Asylum, Stotfold, Baldock, *vice* W. Rhys Williams, M.D., appointed Resident Apothecary to the Royal Bethlehem Hospital Lambeth.—F. Sanswick, Member of the Pharmaceutical Society, has been appointed Dispenser to the Charing-cross Hospital, *vice* W. H. Short, resigned.

APPOINTMENTS FOR THE WEEK.

Wednesday, March 11.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m. University College Hospital, 2 p.m.; Royal College of Physicians, 5 p.m.—Croonian Lectures: Dr. Risdon Bennett, "On some Points connected with Bronchitis, and its Results;" Hunterian Society, 8 p.m.—Dr. Fowler, "On the Autopsy of a Case of Artificial Anus in the Groin, successfully treated."

Thursday, March 12.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m., Vesico-Vaginal Fistula, 2 cases, Fibrous Tumours, 2 cases; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m. Prof. Frankland, "On Chemical Affinity;" National Hospital for the Paralysed and Epileptic, 4 p.m.—Dr. Brown-Séquard, "On the Diagnosis and Treatment of the Various Forms of Paralysis and Epilepsy;" Royal College of Surgeons of England, 4 p.m.—Prof. Huxley, "On the Structure and Development of the Vertebrate Skeleton."

Friday, March 13.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Physicians, 5 p.m.—Lumleian Lectures:—Dr. Chambers, "Formation of Mucus and Pus;" Royal Institution, 8 p.m.—Dr. Gladstone, "On Fog Signals."

Saturday, March 14.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Max Muller, "On the Science of Language;" Royal College of Surgeons of England, 4 p.m.—Prof. Huxley, "On the Structure and Development of the Vertebrate Skeleton."

Monday, March 16.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m; Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Structure and Development of the Vertebrate Skeleton;" Medical Society of London, 8½ p.m.

Tuesday, March 17.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.; Royal Institution, 3 p.m.

BOOKS RECEIVED FOR REVIEW.

Messrs. Gabriel on the Loss and Restoration of the Teeth.

NOTICES TO CORRESPONDENTS.

Mr. Harding.—Note received with thanks.

Dr. J. B.—The Medical Act does not contain any provision giving such powers as are supposed. It would be right, no doubt, if such powers were conferred; but it is questionable whether the Council would act upon them.

Querist.—Coindet's Pills are composed simply of proto-iodide of mercury and treacle,—there being one-eighth of a grain of the proto-iodide in each pill.

M.D.—Article received.

Verax.—Your letter on the recent meeting shall be inserted if there be room; we cannot make any further promise.

Mr. C. Wilson.—1st. Yes.—2nd. Yes.

A General Practitioner hopes that the "gentlemen who called the Adams' meeting will give their attention to the alterations recommended in the Medical Act in the last number of the Medical Circular, as something practical and likely to do good to the Profession."

Chirurgus (Portsmouth).—Notice received.

Summum Bonum has written to us on the same subject as a "General Practitioner," approving "strongly" of our article.

A Registered Practitioner.—1st Yes.—2nd Write to Dr. Day.

Dr. T.—We are obliged by your offer and, will send a private note.

Mr. Hunt.—Received.

Dr. B. B.—Attended to.

A Reader.—We never prescribe in the Medical Circular. You should consult the gentleman to whom you refer.

Sigma on Professor Huxley's Lecture received. That gentleman's theories are no doubt, remarkable; but your arguments do not show them to be false.

Mr. Speer.—It shall be attended to.

Payment of Poor Law Surgeons.

To the Editor of the Medical Circular.

Sir,—Can you inform me if any measure is in contemplation, during the present Parliamentary session, to redress the grievances, or in other words to increase the—at present—absurdly inadequate payment for the services of Poor Law Surgeons? Yours truly,

Union Surgeon.

P.S.—Where is our old friend Mr. Griffin?

Mr. Allen (Belper).—Received.

Dr. Jackson is thanked.

MEDICAL CORRESPONDENCE.

Peculiar Condition of the Urine, Simulating Spermatorrhœa. (*a*) — On the 30th of June, 1862, while passing water, I observed for the first time that the urine at first transparent, become opaline in the course of excretion, and at the conclusion, lactescent. Uneasy at the discovery of a symptom, the existence of which I had not previously suspected, my health being otherwise excellent, and my bladder and urethra entirely free from pain, I determined on collecting the urine, for the future, in glass vases, for the purpose of ascertaining the precise nature of the deposit, whether *mucus, pus, sperm*, or a *phosphatic salt*.

Reflecting on the probable cause of the affection, I recollected that some two months before I had experienced at bedtime, and only then, a sensation of heat, and of slight weight in the region of the neck of the bladder. I referred this symptom to the use of frothy beer, and discontinued this beverage, without in any other respect changing my diet. For a fortnight, I drank, at dinner only, still beer, and gradually returned to my usual habits, the sensations alluded to having passed away, and the urine excreted in the morning being, to all appearance, natural.

My age is forty; my constitution sound, and my temperament lymphatic; I have been married ten years, lead in every respect a regular life, and never drink more than a pint of beer in the course of the evening, and often take none. I pass water freely, and have never been seriously ill; sometimes when preoccupied or annoyed, I experience, after dinner, a sense of weight in the region of the stomach.

On the 1st of July, I examined the urine at different hours of the day, and even one hour before dinner, I found the renal secretion transparent, straw-coloured, and natural. But three hours after the evening meal, the urine, collected on two occasions, was opaline, turbid, slightly frothy, and on cooling, deposited *light downy floculi, semi-transparent, of gelatinous aspect, and forming masses in irregularly parallel layers; a few of the floculi floated, or adhered to the sides of the vase.* The amount of the deposit for each emission, was equivalent to the lower third of the height of a conical champagne-glass. This was not all; fine filaments were distinctly detected in the liquid; they were as slender as hairs and about five lines in length; a few seemed to me, however, to exceed two inches; some of these filaments were rolled up, others merely lay in the water. A thick, iridescent pellicle formed on the surface of the urine a few hours after it had cooled. The following emissions were colourless, transparent, closely resembling spring water, but contained a few floating filaments.

My occupations at the time were such as to prevent me from attending to myself as I should have wished, and I was therefore under the necessity of treating my case as I best might. Recollecting the temporary sensation of inconvenience I had experienced two months before in the bladder, I concluded that I was affected with vesical catarrh, and under this impression, drank tar-water at meals, and took every morning three pills of iodide of iron, and fifteen grains of the sesqui-carbonate at dinner. In other respects, my diet remained unchanged, and after dinner I drank one glass of wine, coffee, and a *petit-verre* of brandy, with a vague suspicion, I acknowledge, that I was acting improperly in doing so.

During the first week of July, the urinary deposit and the appearance of the secretion was the same as before. I persevered in the same diet and treatment.

Observing no improvement, I caused the urine to be tested by a professional chemist who found it alkaline, but detected no albumen; mineral and vegetable acids increased the transparency of the fluid. I then consulted three fellow practitioners, two of whom, after a superficial examination, declared their opinion that I was suffering from spermatorrhœa, and that cauterisation and cold hip-baths would probably be beneficial; the third opined that my case was one of vesical catarrh indicated by the inconvenience complained of in the neck of the bladder, and the filaments in the urine. To this view I also inclined, but I determined on testing the liquid myself.

Having ascertained the physical characters of the deposit, the task I now set before me was to discover its chemical composition in such a manner as to throw light on the pathology of the case. Thanks to the recent, and not extensively circulated, translation of Dr. Golding Bird's work, by Dr. O'Rorke, a great benefit is now conferred on the Profession in France the practitioner being enabled, by a reference to this volume, in a short time, and with the aid of a few tests, to satisfy himself as to the precise nature of any urinary deposit. I thus succeeded in finding out, what mere inspection had failed to detect. In a few days, I acquired, by examination after dinner of the urine, which always remained alkaline, a knowledge of the following facts:

1. The deposit did not consist of pus, which forms a dense homogeneous layer, of creamy appearance, and mixes uniformly with the liquid on agitation: nitric acid and heat coagulate the albumen of pus, and ether would take up in purulent urine a certain amount of fatty matter, which floats and may readily be separated.

2. Neither did it consist of mucus, on which the action of acetic acid is characteristic, and causes coagulation of the fluid portion of mucus in the shape of a thin, semi-opaque, wrinkled membrane; in my case no coagulum was formed on the addition of acetic acid, this and the mineral acids dissolving, on the contrary, the deposit, which formed again under the influence of ammonia only.

3. The deposit was not constituted by spermatic matter, which in certain quantities, as in my case, would impart to the urine the appearance of barley-water, is not cleared away under the influence of heat and acids, and is precipitated by ammonia, which allows of the foreign ingredient being readily separated and recognised by its peculiar odour, and the facility with which it froths on friction between the fingers.

4. But that the foreign substance consisted in an earthy, whitish salt *in a glairy form*, insoluble by heat and ammonia, and soluble in acetic acid, being, in short, *an earthy phosphate*.

Having thus ascertained the nature of the deposit, I cautiously avoided antiphlogistic measures, but persevered in my customary diet, merely drinking at meals tar-water, instead of beer.

From the 10th to the 17th of July, the urine resumed at all hours its natural characters, and remained colourless after meals, although the diet was the same. In the morning the fluid was of a pale amber colour. I then discontinued the use of the sesqui-carbonate of iron, which caused constipation. The same diet and treatment was persevered in, the latter consisting in three pills of iodide of iron, and tar-water. A few slender filaments were still perceptible at the bottom of the glass.

On the 18th, three hours after dinner, an abundant mucous deposit formed in the urine; I attributed the fact to a long pedestrian excursion I had taken the day before, in the country, and changed neither my medicines nor my regimen.

19th, 31st July.—The urine turbid three hours after dinner, on the first emission only. Filaments discernible. Tonic diet, a glass of wine, coffee and cognac after dinner, tar-water and chalybeates. Five baths in the river.

August 1, 5.—No change in medicines, diet, or symptoms. One drachm of turpentine daily.

Aug. 5, 8.—Being obliged to appear as a witness at the Assizes, I paid no attention to the state of the urine, and dined copiously with friends, drank tar-water, and various wines and liqueurs in moderation; continued the tar-water and four pills of iodide of iron, but took no turpentine.

9, 10.—Considerable amendment; no deposit. Urine colourless after dinner, and natural throughout the day; a few filaments. Tar-water, iodide of iron, one drachm of turpentine.

11, 25.—Urine natural; tar-water, iron; discontinued the

(*a*) It is obviously unnecessary to expatiate on the diagnosis of *involuntary nocturnal emissions;* we may, however, remark, as a corollary of Mr. Wintrebert's communication, that in a man enjoying such perfect health as the author, it would be almost impossible to view his case as one of spermatorrhœa. When this condition is present, and when the emission occurs during micturition or defecation without any pleasurable sensation, the disease has already reached an advanced stage, and gives rise to numerous symptoms of so suggestive a nature, that an error of diagnosis is all but impossible.—H. C.

turpentine, which caused irritation of the bowels. No change in the diet.

26.—Urine turbid. Abundant deposit half an hour, and three hours after dinner. Filament's simple and convoluted. Probable cause: a pollution at night in consequence of the cessation of connubial intercourse. Treatment and regimen as before.

27 Aug., 6 September.—Urine slightly turbid; deposit more or less abundant, having passed the night in attendance on a case of midwifery.

7, 15 September.—No deposit; urine watery after dinner, pale in the morning, more highly coloured at noon. Discontinued the iodide, having taken two hundred pills since July 1st. No change in the diet, tar-water; on the 10th, drank two large glasses of beer, urine natural nevertheless.

Sept. 16.—Copious deposit, light, woolly floculi floating in the liquid, and collecting at the bottom of the glass after forty-eight hours. This was the appearance of the first emission after dinner, but the subsequent excretion transparent, and free from filaments.

17, 18.—Urine natural.

19.—Urine highly charged—copious deposit.

20, 23.—Urine very transparent. No change in diet. Warmer clothing, and a glass of light white wine (Grave) after dinner.

24.—Noticed for the first time in the morning a slight deposit in the urine, probably because I was called up at night; secretion natural in the day.

25.—Urine turbid, deposit three hours after dinner; this *invariably* happened whenever I slept after meals.

26th Sept. 8th October.—Urine transparent, pale or light coloured; a few filaments. No change in diet, white wine after dinner, tar-water, and every day about fifteen grains of bi-carbonate of soda.

Oct. 9.—Urine natural, discontinued the soda; no change.

10, 18.—No occurrence deserving of notice.

19.—The urine had been clear throughout the day, but in the course of the evening, towards seven o'clock, became turbid. This had never happened; indeed, having observed no deposit for three weeks, I fancied myself cured.

20.—Urine clear, a very slight deposit.

Up to this day I observed that whenever I had engaged in active physical occupation, the urine was perfectly transparent, and free from deposit, and I was inclined to think that to effect a complete recovery, it would be necessary to emigrate to the country, and cultivate my garden; I also noted that connubial intercourse, although very unfrequent, invariably induced a return of the morbid appearances in the renal secretion, and that the uneasiness caused by the state of health of one of my family had been followed by a similar result.

From the 20th of October to the 18th of November, my urine never once presented any deposit, even under the influence of sexual intercourse. In the morning the liquid was of a pale straw colour, and almost colourless after dinner. The filaments were barely visible, and entirely absent for several days. During the month I attended at night several cases of midwifery, and despite the fatigue thus incurred, observed no deposit.

My daily diet consists of a moderate allowance of animal and vegetable food; my digestive functions are regular. I now continue to drink tar-water at meals, and after dinner and supper one glass of light white wine. I engage as much as possible in manual labour, in order to assist digestion; I read but little, and avoid every cause of fatigue.

Pending the entire duration of the case, the quantity of urine voided every day, oscillated between three and a half, and five pints and a half. Of course the largest quantity was passed when I took little exercise, when the heat was moderate, and when I drank a large amount of tar-water. After dinner I always found the urine alkaline, but in the morning it was occasionally acid.

Although not in the habit of publishing medical reports, I conceive myself justified in doing so on this occasion, because I am convinced that the affection under which I have laboured is far more common than French practitioners generally suppose, and that many persons believe they are afflicted with Spermatorrhœa, because the last drops of urine emitted are of a whitish hue, or because they observe in the utensil a deposit more or less analogous in appearance to spermatic matter. It may further be questioned whether the disease described in works on pathology as mucous cystitis or superficial vesical catarrh, may not sometimes merely consist in the excess of some earthy salt, such as a phosphate, a lithate, or an oxalate, *in a glairy form*. Admitting this to be the case, and that an error is occasionally committed, remedial agents are prescribed with a view of correcting the supposed morbid condition of the mucous lining of the bladder, whereas it is the digestive powers, the urinary secretion, or even merely the mode of excretion which are in fault. We may boast of possessing several remarkable works on the subject, but in a chemical and physiological point of view, I know of none amongst our French publications, which can bear the slightest comparison with Dr. O'Rorke's translation of the volume due to the pen of the late Dr. Golding Bird, who died in 1856, and was attached to the principal Hospitals of London.

— Wintrebert, M.D.,
Dunkerque (Nord.)

SCIENTIFIC MISCELLANEA.

Alleged Influence on the Fœtus of Lactation During Menstruation.—"The premature return of the menstruation of nurses," says Mr. Bouchut, in his *hygiene of Infancy*, "was formerly considered a very serious matter, and the lacteal secretion was supposed to acquire injurious properties. If, however, the very numerous women who are in this condition, are questioned, it will be found that the nurslings in general, have not suffered in consequence of the re-appearance of the catamenia. A few infants may be cross during the nurse's menstrual period, or have a little diarrhœa; but these symptoms are entirely unimportant, and it is unnecessary to wean the child or change the nurse. The only serious objection to the return of the menses in a nurse, according to Mr. Dubois, is that the secretion of milk will probably cease sooner than if the uterine functions had not been re-established.

In England, the question has been otherwise viewed by some practitioners, and, amongst others, Mr. Tilbury Fox has recently endeavoured, at the *London Obstetrical Society*, to establish, as a fact, that lactation during the continuance of the catamenial function, almost invariably renders the nursling liable to rachitis, unless artificial diet or supplemental nutriment of some kind be administered in addition to the nurse's milk. In support of this position, Mr. Tilbury Fox adduced the researches of Messrs. Becquerel and Vernois, in which it is shown that the earthy salts contained in milk decrease during menstruation, a fact which would in his opinion become, in many instances, an active cause of ricketts."

In England, Messrs. Graily Hewitt and Jervis, and Mr. Dechambre, in France, have disputed the correctness of this inference, and the arguments brought forward by the latter are expounded as follows in the *Gazette Hebdomadaire*:—

"No considerable impoverishment of the milk," says Mr. Dechambre, "has ever been traced to the continuation of the menses, and one case has even been quoted in which each monthly period was attended, on the contrary, with increased activity of the lacteal secretion, and with tumefaction of the breasts (Godey). If clinical results only be considered, it is an undoubted fact that many children suckled by menstruating nurses enjoy excellent health, and display no tendency to rachitis. With regard to those who become ricketty under the circumstances alluded to, it appears very improbable that the disease has resulted from the diminution in the milk of the ingredients appropriate to the formation and growth of bone. If the milk is watery, it may possibly give rise to enteritis, but rachitis is less frequently referrible to impoverishment of the milk, than to too short lactation, and to the premature and inappropriate administration of strong food.

Efficacy of Fucus Vesiculosus for the Cure of Obesity.—We have on several occasions, last year, alluded to the efficacy of this drug for the purpose of reducing obesity (vide Art. 6227 and 6267). Mr. Duchesne-Duparc has since then cured a baker residing at Saint Germain-en-Laye, who had

become so corpulent as to be unable to leave his house. Four hundred three-grain pills of the alcoholic extract of the fucus, were exhibited in the course of two months, with so much effect that the man lost thirty pounds weight, without any injury to his health, a circumstance especially deserving of notice.

Fucus vesiculosus is not advantageous only in cases of excessive and premature obesity. Local fatty accumulations not unfrequently give rise to errors of diagnosis which, to say the least, lead to useless treatment. These adipose formations are especially observed in women above the clavicle, and we witnessed an instance in point last year, in a young woman who was also visited by Messrs. Nélaton, Carteaux, and Gaudin. This singular condition has hitherto attracted but little notice, and as it caused no inconvenience to the patient, no medication had been instituted. In the abdomen, however, the exaggerated deposition of fat in the omentum may induce serious functional disturbance, as in a case observed by a former contributor to the press, Dr. Kuhn, at present practising at Gaillon. This gentleman forwarded on the subject to Mr. Duchesne-Duparc, a letter which the *Gazette des Hopitaux* has recently published.

The patient was a man, aged sixty, who for many years had been afflicted with inguino-scrotal hernia; in 1861 strangulation took place, partial reduction was effected, and a small protrusion which remained, of the size of a walnut, was not deemed worthy of further attention. From this date, however, the digestive functions became torpid and a costive habit supervened. In spite of the frequent use of laxatives, the patient passed but one stool in the course of a week, and the abdomen rapidly increased in size, presenting at the expiration of six months a degree of development equal to that of a gravid woman at her full time. The dyspnœa, at the same time, was excessive, and the patient experienced much difficulty in his movements.

Under these circumstances, Mr. Kuhn saw the patient, who was alleged to be, and believed himself affected with dropsy. At first sight, a considerable effusion of serum might be supposed to exist in the peritoneum, but neither palpation nor percussion revealed the presence of any liquid in the abdomen. The tumefaction was evidently caused by a soft but solid substance, such as an enormous accumulation of fat in the folds of the peritoneum, and more especially in the omentum; the entire system participated, though in a much smaller proportion, in the preternatural adipose development. Mr. Kuhn endeavoured to restore by pressure and taxis, the liberty of motion of the omentum, the privation of which had probably brought on the fatty condition of the organ, but he entirely failed in his efforts, and it became evident that, in order to loosen the adhesions, a hazardous operation would have been necessary. Before recommending surgical interposition, Mr. Kuhn determined on trying the effects of fucus vesiculosus, and the wisdom of this course was fully demonstrated by the event.

"I began the treatment," says he, "on the 22nd February, 1862, and exhibited at first three-grain pills of the powder of fucus. As the general condition of the patient, and more especially the irritability of the digestive organs enjoined the greatest caution, I prescribed at the outset three pills daily, adding one pill each day, until we reached ten, and every forty-eight hours, one glass of seidlitz water.

"After a week I administered, in addition to the ten pills, three tumblers of the infusion of fucus; I then succeeded in obtaining the extract, which was divided into three-grain pills, six of which were taken every day, the dose being gradually increased to ten in the course of the twenty-four hours. The seidlitz now became unnecessary, the bowels being naturally open.

"A considerable decrease of the distension of the abdomen was noticed so early as in the third week of the medication. The infusion was discontinued, and as the digestive functions were perfectly regular, the pills were reduced by degrees to six daily, a dose which was persevered in for another month. The treatment ceased on the 25th of April. The abdomen was still rather large, but much softer, dyspnœa had disappeared, and entire freedom of movement was restored. The patient resumed his avocations, and returned by degrees to field labour. In the month of May, I saw him working in his vineyard; the size of the belly was then not remarkable, and the man's general condition had not suffered in the slightest degree."

At the end of October, Mr Kuhn again ascertained, by ocular inspection that a complete cure had been effected, and that the patient who for so long a time had been inconvenienced by excessive abdominal obesity, was spare and thin, and otherwise enjoyed excellent health.

Efficacy of the Introduction of Lunar Caustic into the Os Uteri, for the Induction of Premature Artificial Labour.—The *Presse Médicale Belge* states that Mr. Giordano, Professor of Obstetrics at the Faculty of Turin, recently invited attention to a new procedure for the induction of abortion for therapeutic purposes. This method which has already proved eminently efficacious in the hands of the author, is calculated to replace with advantage the different measures proposed for the attainment of the same object—such as the puncture of the membranes, the introduction of prepared sponge, Kiwisch's warm douche, etc.

Mr. Giordano merely inserts into the os uteri, and cauterises the greatest possible extent of its mucous lining with a pencil of lunar caustic, or the *porte caustique* used for strictures of the urethra.

All the other procedures are more or less difficult, and are frequently unavailing, and moreover dangerous; the cauterisation of the uterine orifice, on the contrary, is of easy performance, and occasions the complete expulsion of the ovum, without which the object of the operation is not attained; the method is very simple, can be resorted to by all practitioners and induces neither local injury, general disturbance of the system, nor secondary symptoms of any kind.

The effects of cauterisation are rapid, and are manifest in a period which never exceeds thirty hours. On three occasions Mr. Giordano had recourse to this procedure in the presence of several fellow practitioners, and in every instance with the most perfect success.

On the mode of operation of the method, in bringing about uterine action, and the subsequent expulsion of the ovum, Mr. Giordano expresses himself as follows:

"Explanations of a fact, the accuracy of which experience has demonstrated, are of little importance. Yet, were I disposed to indulge in hypothesis, I should be inclined to view the premature expulsion of the contents of the womb, under the influence of the local action of the caustic, as a result of a propagation of the stimulus from the cervix to the body of the viscus, or as a consequence of the changes induced in the os uteri, and of the tumefaction caused by the cauterisation, which break the harmony and synergetic action between the neck and body of the uterus. The artificial exfoliation of the uterine epithelium, might also possibly account for the effects of the procedure. The two latter theories are perhaps the most correct; indeed, I am inclined to adopt them from the circumstance that, in my three cases, labour set in almost invariably, twenty-four hours after the application of the lunar caustic.

Pus in the Blood; no Metastatic Abscesses.—Professor Langier has communicated to the *Gazette des Hôpitaux* the case of a man, aged thirty-seven, who begged for amputation of the thigh on account of excruciating pain connected with white swelling of the knee. The patient died a week after the operation, having had several fits of shivering. M. Langier concluded, from the rapidity of the phenomena, that no metastatic abscesses would be found, but suspected that pus-globules might be discovered in the blood. M. Chatin examined three drachms of blood taken from the right side of the heart, and found pus-globules by the microscope in one of the three drachms. Ammonia gave a gelatinous precipitate in the second portion; and ammonia was evolved by the last drachm when left to decompose. From the first two results, M. Langier concludes that the blood contained pus.

Cæsarean Section.—This very important operation was resorted to by Dr. Greenhalgh on the 19th instant, at St. Bartholomew's Hospital, upon a patient close upon a seven months' pregnancy. The obstruction to labour was a tumour attached to the sacrum, which could not by any possibility permit of delivery. Dr. Greenhalgh had the able advice and assistance of his colleague Mr. Skey, Drs. Robert Barnes, Arthur Farre, and others. The child was extracted alive, but did not long exist. The patient herself lived sixteen hours.

The Medical Circular.

LECTURES
ON DISEASES OF THE SKIN.

By George Ross, M.D.

No. III.

(Continued from page 117.)

The treatment of cutaneous diseases that are complicated with, or caused by, an attack of gout, must be the same as would prove beneficial for the relief of the constitutional affection. By tracing a cutaneous malady to its constitutional cause, we simplify both our diagnosis and our curative agents. The chief drugs on which we must rely are liq. potassæ and colchicum. Dr. Burgess, in his edition of Cazenave, remarks that he has found great benefit from the use of colchicum in cases of psoriasis, associated with the gouty diathesis. Colchicum has been recommended by other practitioners in some cases of skin disease. The explanation of its value is the co-existence of gout or rheumatism, latent or manifest. Its sedative effects on the skin are due to its peculiar action on the gouty poison.

Liq. Potassæ is an invaluable remedy in all acute cases of skin disease. When there is a gouty complication it should never be omitted; but in other cases also, in which there is no reason to suspect a gouty predisposition, it acts with admirable effect; but it should be given in large doses, sufficiently diluted, and continued, if necessary, until the system begins to feel its debilitating effects. I am in the habit of prescribing for an adult about forty-five minims, to be administered in milk or barley water. Not only is eczema rapidly benefited by it, but the more obstinate forms of psoriasis yield to its persevering employment. After a short time the patient begins to feel weak, he loses flesh, and his face pales; but simultaneously with the effect on the system, the eruption loses its redness, and, if it be psoriasis, the scales fall off in abundance. There is a point at which it is desirable to stop the potash, and to give a tonic—quinine or arsenic, according to circumstances—when the disease will rapidly improve. Liq. potassæ appears to have a powerful influence over the albuminous elements of the blood, and in this way to modify the action of the skin. I must plainly state, however, that it is a debilitating remedy; it must not, therefore, be pushed too far or long. The value of liq. potassæ in correcting errors of digestion, and in producing alkalinity of the urine, is so obvious, that it scarcely requires to be enforced, though the fact serves to explain its benefit in gouty complications, as well as in other cutaneous affections.

Gouty patients are often liable to a persistent disease of the skin, which requires local as well as general treatment. I have no faith, however, in local treatment as curative, only as emollient. This day, a lady, who has long been suffering severely from gout, showed me her arms, shoulders, and chest, which were covered with lichen; many of the papules had been scratched, and exhibited the usual bloody points, an evidence of the uneasiness they had given, and the rough treatment to which they had been subjected. This is, however, a chronic complaint; the lady has been liable to it for many years, and suffers exacerbations when her general health is disturbed.

When lichen, eczema, or psoriasis persists after the relief of the gout, the general health should be carefully sustained, and such local treatment resorted to as the particular condition of the patient may indicate. In chronic eczema and psoriasis, the internal administration of tincture of cantharides is frequently useful. It stimulates both skin and kidneys, and gives a healthy tone to the diseased parts. Its administration, however, should be carefully watched, so that no unpleasant effects may be produced. In the squamous diseases the warm bath is very beneficial; but I cannot say that I have found cases of lichen in debilitated subjects advantaged by its use. On the contrary, I have noticed, in some cases, a fresh crop of papules break out after each warm bath. If itching be troublesome, an alkaline wash, combined with some sedative, as hydrocyanic acid, opium, conium, or belladonna, will give ease. Hardly anything answers better than cold aspersion when heat and irritation are excessive, as in severe cases of eczema. No fixed rule can, however, be laid down in these matters, for some patients will express themselves comforted by an application which others cannot endure. Sometime since a lady consulted me for a pustular eruption on the skin—small boils, in short—and she told me that she had previously seen an eminent surgeon, who had placed her under the cold water treatment. On removing the oiled silk, the lint steamed with hot vapour; and on lifting the lint, the one boil which the treatment was intended to cure had been multiplied into a dozen;—all the products of a protracted steaming of an irritable skin. She was then put under a genuine cold water treatment by occasional affusion, and all the pustules rapidly healed. This case is adverted to to show how easily the skin may be influenced even by so simple an element as water.

Tar ointment is an admirable local application in psoriasis; it quickly removes the scales and reduces the skin to its natural colour. It sometimes irritates the surface to which it is applied, and induces a pustular eruption; this, however, disappears so soon as it is deemed expedient to discontinue the ointment. I have found this ointment act best after a course of internal medicine, whether potash or arsenic. Alone it cannot be depended on; and the relief it gives is only temporary. The iodide of sulphur ointment is also benefical in similar cases. As it is not my intention, however, to dilate upon the detailed treatment of these cases apart from their connection with gout, I shall say no more on this topic.

Alcoholism.—The use of alcoholic drinks induces various diseases of the skin. It is well known that different alcohols act upon the system in different modes, and influence particular organs each after its own tendency—gin affecting the liver and kidneys, brandy stimulating the heart and blood-vessels; rum, the brain and nerve tissue; malt liquors, increasing the deposition of fat; some alcohols augmenting, as Dr. Edward Smith has shown, the expiration of carbonic acid, and others diminishing it. Similar effects are observed on the skin. A gin drinker's skin is usually pallid, dry, harsh, and dusky. Two of the worst cases of psoriasis I have ever seen were in the persons of gin drinkers. The disturbance of the digestive functions incidental to spirit drinking, leads to many forms of eruptive disease, most of which are removable by abstention from the usual stimulant.

The most common and noticeable result of alcoholism is *Acne rosacea*, a red, swollen tuberculated state of the nose and face. No doubt this state is chiefly induced by protracted stimulation and distension of the capillary vessels—a hyperæmia which leads to inflammation of the sebaceous follicles which pustulate, but do not mature readily or completely. It must be observed that this disease does not appear before the prime of life, when the capillary blood-vessels about the alæ of the nose always enlarge in some degree, and the skin loses its fineness and smoothness. The worst cases of this disease that I have seen have been hereditary; that is to say, there has been a constitutional tendency to vascular engorgement of the nose; and nothing was wanted to develop the disease but an abuse of spirituous drinks. Some men could not get a confirmed acne if they were to drink specially for that purpose.

The proper treatment of these cases is, as the late Mr. Abernethy would say, "to cut off the supplies." Associated with abstinence we should resort to laxatives, and soothing local applications. A great variety of lotions and ointments has been devised for the treatment of these cases; their very number proves their comparative inutility. With proper regimen many will prove useful as emollients or stimulants, according as either may be required; without it, every local resource will fail.

If these cases are watched narrowly, it will be found that the same follicles inflame and re-inflame at successive times. If, therefore, they prove slow in their progress and repeatedly take on the inflammatory action, I have been accustomed both in the present and in other forms of acne, to destroy the follicle by burning it with strong nitric acid. I effect the purpose in this mode:—An incision is first made through the skin over the follicle, and then a small capillary tube previously charged with the acid, is applied. The acid penetrates the follicle, but does not burn any portion of the skin beyond the circumference of the tube. If the inflamed follicle be large, a second incision may be made in it, and a second application of the acid effected. No noticeable mark is left after this little operation. It causes a certain amount of stinging, and if too many follicles are cauterised at one time, considerable irritation is experienced. It has the effect, however, ultimately of reducing the intensity of the disease. The small vascular points or nævi that not unfrequently spring up on the eyelids, are easily removed by this mode of applying the acid; and in many instances in which I have employed it, not so much blemish has been left that a magnifying glass could detect it.

(To be continued.)

FACTS AND ARGUMENTS
OPPOSED TO
DR. BENNETT'S THEORY OF ORGANISATION.

By Lionel S. Beale, M.B., F.R.S.

Dr. Bennett does not explain more fully the peculiar views he entertains; but refers me generally to the works of Martin Barry, Meissner, Nelson, Keber, and others (!), and then qualifies his reference by saying, "I do not wish him (Dr. Beale) to regard their expressed opinions or theories: but the facts they have observed, and some of which I copied in my first lecture in the 'Lancet'—Figs. 9, 10, 13, 14, and 15."

I know Dr. Bennett has copied the figures of Dr. Nelson; but Dr. Nelson's explanation of his own figures is quite different from

Dr. Bennett's. Dr. Nelson says nothing about molecules of the ovary coalescing to form the ovum; nor can I find in his paper any fact, observation, or drawing, in favour of Dr. Bennett's peculiar theory.

Dr. Nelson thus describes the first figure Dr. Bennett has copied from his paper in the 'Philosophical Transactions' for 1852, Fig. 44: "Contents of the cæcal portion of the ovary—*a*, the germinal spot, which is solid; *b*, the germinal vesicle, transparent, containing a fluid and the germinal spot. The germinal particle is first thrown off, the swelling up of whose outer layer forms the germinal vesicle, while the central portion remains unaltered to form the germinal spot."

Dr. Bennett compresses this description and that of the two following figures into this sentence: "Figs. 9 to 12 represent the *histogenetic changes* (!) which take place among *the molecules deposited* (!) in the ovarian tube of the female worm, until the fully maturated ovum passes into the oviduct." Nor does he insert one of the letters of reference! "Among the molecules"! Every separate body represented in Figure nine is an entire ovulum. Are these "*the molecules which coalesce to form the ovum?*" All interested in this question should compare Dr. Nelson's description of his own figures in the 'Philosophical Transactions' for 1852 with Dr. Bennett's explanation of these same figures copied into the 'Lancet' of January 3rd, 1863, page 4.

Dr. Bennett complains that I do not point out the errors in detail, and says that unless I abandon "generalities" and "assertions," and become "more particular" in my facts and arguments, he cannot propose to continue the "explanations" to which I invite him.

It certainly appears to me that many statements made by Dr. Bennett are themselves generalities and assertions, and of the most positive kind. This was why I begged for further information.

1. Surely it is but an assertion to say that molecules aggregate together to form vibriones, since neither these molecules nor this aggregation have ever been seen. Because particles of phosphate or carbonate of lime unite, coalesce, or become aggregated together to form larger masses, it by no means follows that living structures are formed by the aggregation of molecules. This is no argument at all, until it has been shown that things living are governed by the same laws alone as things inanimate—that, for example, in the formation and growth of a living nucleus, and in the precipitation and increase of a particle of inorganic matter, the same, and only the same, forces are concerned.

2. It is an assertion, but simply an assertion, to say that the addition of the force we call vitality occurs after the molecules have become aggregated together; and I do think that Dr. Bennett is bound, as a scientific man, to give facts and arguments in favour of so peculiar a view, or to abandon it. Would it not be very unreasonable to assert that a tree or an animal was first formed or built up, and was then made to live?

3. It is an assertion to say that the perfect worm (ascaris) is formed "by a third act of histogenetic coalescence." It is an assertion to say that histolytic molecules "meet together, concentrate themselves, and form histogenetic molecules." There is not a shadow of proof in favour of the view that any one molecule, resulting from the disintegration of any substance whatever, becomes a living molecule. A molecule of oil or phosphate of lime may result from disintegration; but as such molecule, it can never live. A living molecule of oil, phosphate of lime, or any other substance having a definite, known composition, is a simple impossibility. We might as well speak of a living mass of iron, lead, or other metal.

4. It is simply an assertion, and, I maintain, unsupported by evidence, to say "the molecules of the ovary first coalesce to form the ovum;" and Dr. Bennett must permit me to ask him the following questions upon this matter.

a. Does the assertion apply to ovaries generally, or to the ovary of ascaris mystax alone?

b. Does the entire ovary consist of molecules; or is there any tissue?

c. Are the molecules free, or imbedded in any tissue?

d. How are the molecules of the ovary produced? Do they all appear at the same time? If not, how do they increase in number?

e. Do all the molecules of the ovary unite to form one ovum, or are many ova produced? If many ova result what prevents them from becoming aggregated together to form one large ovum?

f. Can ova be produced in any other manner than by the aggregation of molecules?

g. Has Dr. Bennett himself seen the molecules in the ovary of ascaris, or studied the changes he describes in the constituent molecules of the ovum of this or any other creature?

h. Why does he term some molecules in the ova figured by Dr. Nelson *histolytic*, and others *histogenetic*, as Dr. Nelson himself neither used the terms nor described the changes as Dr. Bennett describes them?

I would also ask if the conclusions Dr. Bennett has arrivrd at with regard to the disintegration of spermatozoids and germinal vesicle to form *histolytic molecules* are derived from his own observation, or from other authorities, as I am not aware that any one has demonstrated that any molecules whatever result in this case. It is said that the spermatozoa disappear; but Dr. Bennett is the only physiologist who has observed (!) that they becomes molecules.

Dr. Bennett asks: "How can solid matters grow or increase in extent and density, unless from that very solution solid molecules (!) are thrown down which by aggregation produce bulk?" I answer that, even where pabulum does contain molecules, these molecules are prevented from passing into living matter. Insoluble inanimate particles may be precipitated from solutions, and will become aggregated together to form inanimate masses; but all matter serving to nourish living matter must be in solution. Where the food is insoluble, it must be reduced to a perfectly soluble condition; and any insoluble matters present are invariably filtered off before it is appropriated by anything living. The vibriones grow and multiply in a solution which is perfectly clear, and in which not a visible molecule besides themselves can be discerned.

These vibriones can hardly be termed solid molecules. What then, according to Dr. Bennett, is a solid molecule? Any one who was acquainted with the subject of cell-growth, as explained in modern text-books, might have advanced the same objections, and asked for further explanations upon the very same points. Dr. Bennett must bear in mind that the view he advocates has been advanced by him alone; and he must admit that the *onus propandi* rests with him. His view has now been before observers, both in this country and on the continent, for many years; and surely, if the statements he has made are founded upon facts capable of demonstration, they have been verified and received by many anatomists by this time.

Surely, all anatomists are not so biased as to be incapable of accepting what they can see or what can be shown to them. Dr. Bennett evidently considers that my objections result from prejudice in favour of my own views; and, as I am anxious that he should have the advantage of any adverse impression that can be excited upon this head, I will simply reprint Dr. Bennett's question and answer without comment.

"Again, may not Dr. Beale's avowed incapability of comprehending my views originate in the strong bias he possesses in favour of his own doctrines, in consequence of which he is unable to regard mine from an independent point of view? If so, he cannot be expected either to criticise or understand them correctly."

I propose to devote a separate communication to the important question of the development of vibriones, and I thank Dr. Bennett for expressing his views upon this point so definitely.—'British Medical Journal.'

THE POPULATION OF GREECE.—RACE *v.* FAITH.—"Nationality cannot exist on the sole basis of a common creed. Even the scattered Jews, in many leading features the first-cousins of the so-called Greeks, combine race with religion, and we fix nationalities by the test of race, not of faith. But in Greece we find the bullet-headed Albanian without an occiput; the flat-faced and heavy-limbed Sclavonian; the sharp-eyed and hooked-nose Sciot, betraying the orientalism of his origin; the comparatively fair and handsome Islander, whose features remind us of Genoa and Venice; the dark and sombre Cephalonian from Acarnania; the piratical Marieot; the Italianised Zantiot,—all utterly different in physical conformation, speaking brokenly a broken language, or idioms of it so varied as to be scarcely intelligible to each other, and the early habits and education of whom have been widely different. This heterogeneous mass, collected under one common banner, and held together by no stronger tie than that to them very loose one of superstition to which the Oriental Church has become practically degraded by the channels through which its stream has flowed—this spontaneous concourse of atoms presumes to dub itself a nation. In such a nation there can be no feeling of patriotism, even according to its lowest definition, no community of feeling or interest, no unity of action. It is a continuous struggle of man against man, for every man is of a different race and of different associations. Centuries must pass before such elements will be, if ever they can be, amalgamated. However unwillingly, we must abandon all hopes of a nation without nationality, and which has no claim to our regard but that of being the recent occupiers of a once classic soil."—*Standard.*

NON-INFLAMMABLE FABRICS.—MM. Westermann and Oppenheim, at the last meeting of the *Académie des Sciences*, laid on the table several specimens of articles of clothing rendered uninflammable. They state that they communicated their researches to a society as far back as 1859; but that they do not attach any importance to this priority, as they were only following in the footsteps of Gay-Lussac. As the result of their experiments, they find that three salts unite the requisite conditions,—cheapness, facility in their employment, and harmlessness to the tissue itself or the colours which cover it. These are the sulphate and phosphate of ammonia, and the neutral tungstate of soda. The last is preferable to the others when the articles have to be frequently washed. It is mixed in water in the proportion of 20 per cent., and the solution is used as in starching.

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WEDNESDAY, MARCH 18, 1863.

WELCOME TO THE PRINCESS ALEXANDRA.

The enthusiasm and joy of the people on the marriage of His Royal Highness the Prince of Wales with the beautiful Princess of Denmark, have exceeded any similar demonstration recorded in our annals. It were vain for us to attempt to narrate, within the space allotted to us, all the details of banners, and wreaths, and garlands, and "mottoes of the heart" transparencies, and gas-stars, and bonfires, vases smoking incense, statues of heroes, and poets, and mythological divinities, joy-bells, mingling with thundering pæans from loud-mouthed artillery, sentient with a people's delight, streets festooned with flowers, draperied with arras of crimson and gold, and crossed by triumphal arches, all making this mighty metropolis a scene of enchantment, such as no city of the world ever before saw, and even London is not likely for many a long year to see again. It is good for a people now and then to fling out a great burst of joy. By bringing all classes together with a common purpose, it ties tighter the bonds of sympathy, and renews and invigorates the frankpledge of our national life. Let croaking and criticism be trodden in the mud under the feet of happy millions; the week has been a grand historical era, and has rung out such a peal of joy that it will reverberate through long ages.

As for the lady, she is, by all accounts, fair and beautiful as we love to picture to ourselves a Royal Bride should be. We thought we saw her, for we tried hard to get a view of her as she rode along in the gay procession, and, after all, we now think we have not seen her; but we are quite glad to give credit to the general opinion of her loveliness and grace.

The heartiness of this reception is an ardent testimony to the high character of that noble-hearted Prince, whose wisdom and broad humanity attached the people of this country by new ties of loyalty to the throne, not less than to the widowed Queen, whose heart is divided between a sorrowful remembrance and a present satisfaction, and whose quick sympathy for suffering endured by the humblest classes of her subjects, and eminent domestic virtues, have won for her the respectful love of her people. Should the Prince and Princess of Wales follow in the footsteps of their father and mother, they will be to this country all that a loyal people could desire.

PROTECTION FOR QUALIFIED PRACTITIONERS.

A fortnight since we called attention to an important practical defect in the MEDICAL ACT, and our correspondents have
disease..
watched, that our estimate of the wrong sustained by them
squamous disea of it, is by no means exaggerated.
say that I have found cases o better than a trap for damages.
taged by its use. On the contra the subject of an action of
fresh crop of papules break out a
be troublesome, an alkaline wash, cut on the ground of his
hydrocyanic acid, opium, conium, o the register which contains
Hardly anything answers better than c
irritation are excessive, as in severe case hilst affording evidence
can, however, be laid down in these matt f the prosecution, pro-
express themselves comforted by an a
cannot endure. Sometime since a lady c rather aggravates his
tular eruption on the skin—small boils, in s
that she had previously seen an eminent sur ould be evidence of
her under the cold water treatment. On re
the lint steamed with hot vapour; and on li entific qualification,
boil which the treatment was intended to cure ngs on that ground.
into a dozen;—all the products of a protrac
irritable skin. She was then put under a genui practitioners have
ment by occasional affusion, and all the pust numerous to men-

tion. A case that would destroy the credit of a private practitioner, may occur again and again, under hospital management, and excite no unfavourable comment; because it would be inferred that in the former instance, the patient had the advantage of the best advice and skill, whilst in the latter, he had the misfortune to be attended by a man who had the requisite qualification, without the requisite amount of professional knowledge. If it were so, it would be the fault of the examining bodies; but in truth it is not so, and we most decidedly believe that in most instances where unfortunate or fatal consequences have followed medical treatment, they have been owing to causes which no ordinary foresight or care could have prevented. We do not say that the results were necessary, but that they were accidental, and occur occasionally in hospital practice, under the eye of accomplished surgeons, and the surveillance of a competent staff.

We are not speaking without knowledge. We once had the pain to record the ruin of a private practitioner by the results of a charge of malpraxis, upon evidence, too, given by a surgeon of a hospital, about the time that we saw an exactly similar case turned out incurable from the wards of another hospital; the mischief having been the consequence of an avoidable accident, the application of an over-tight bandage. An hospital surgeon makes mistakes just as well as a private practitioner; but is a man to be open to an action of law for a mistake or an oversight, or every possible avoidable accident?

The medical journals and the profession, too, have agreed with commendable wisdom to forego harsh criticism of hospital practice, and have encouraged as much as possible the report of "bad cases," in order that they may be turned to account for the improvement of medical science; it is fair, therefore, that hospital men, if called to give evidence in courts of law against private practitioners, should frankly avow the difficulties incidental to the treatment of particular cases, and make it a point of honour to support a brother practitioner.

If this rule were acted on in all instances in which medical skill and competency were alone the questions in issue, we should not fear the results of such actions. It is not right however, that medical practitioners should be at the mercy of private testimony. It is not right that they should be subject even to the risk of a trial with all its consequences of defamation and pecuniary loss.

The cure for this evil would be the insertion of a provision in the "Medical Act," making a copy of the Register, showing the name and qualifications of a practitioner, the evidence of his competency, and a bar to any action for damages against him on that ground alone. Every man must, of course, be responsible in law for neglect of duty or moral delinquency; but such cases would be extremely rare, and so difficult to prove, that actions based upon such charges would become very infrequent. The effect of such an amendment would be to discourage actions for malpraxis upon every ground; and we have little doubt that, in a short time they would be as rare as actions against solicitors. Aggravated cases demand aggravated penalties, but such cases are very exceptional.

At the present time the facilities of bringing actions against medical practitioners are so great and numerous, that scarcely a week passes that some charge of the kind is not preferred. When a provincial paper is sent to us, we always expect to find some report of a prosecution for malpraxis; and we are not often disappointed. It is not just towards men charged with such serious responsibilities as those we hourly exercise

that we should be subject to this constant liability. One successful action encourages another, until at length medical prosecutions become popular things. Every moral monster whom Nature has been pleased, for her own purposes, to send into the world defectively organised in the region of gratitude, is glad of an opportunity to bring an experimental action against his physician, provided he can find a lawyer with a development in another direction equally as abnormal as his own.

It would be easy to check this growing practice, and we hope that the active members of the profession, who busy themselves now about small things, will take this matter up, and not rest until they have obtained such an amendment of the MEDICAL ACT as will be a sufficient protection against vexatious actions.

SUMMARY OF THE WEEK.

DECEASE OF DR. LYON.

It is with much regret that it has fallen to our duty to report the death of Dr. Lyon, of Manchester, one of the most able and conscientious members of our profession. We have given a Memoir of his life, written by a friend, in another column. Looking over our correspondence, we find many letters from Dr. Lyon, who from the establishment of the MEDICAL CIRCULAR to a very recent period before his death, took a deep interest in the opinions, policy, and success of this Journal. On most occasions when the MEDICAL CIRCULAR took a stand upon important questions, we were favoured with private letters from this gentleman, who never spared his criticism, or abounded in praise. Doubtless he thought the former might do us good, whilst the latter we did not want. We had acquired a deep respect for his stern integrity and manly frankness; and it was with considerable sorrow that we received the announcement of his death.

PROFESSOR HUXLEY'S LECTURES.

The Lectures given at the College by this ingenious gentleman are highly popular, and fully attended. He has now entered upon a course on the Structure and Development of the Vertebrate Skeleton, in which his antagonism to Professor Owen is likely to be evinced in an opposition to that teacher's morphological doctrines. We advise all our readers to go and hear, but to suspend judgment on the knotty topics which cannot be yet untied. We observe in a notice in the 'Lancet' of these Lectures, that the editor glances wickedly at Professor Gulliver, on account of his honest denunciation of German quackeries in English science. People fancy that there is no quackery except in practical medicine, yet there is as much charlatinism in science as in any thing else; but it is a charlatinism not easily detected. We thank Mr. Gulliver for exposing one form of it, and making the literary pigmies who stand upon German shoulders look as small as they really are. Their own anger only makes them look a little smaller, which is needless.

FASHIONABLE ETHNOLOGY.

Our periodicals, lay and medical, are in ecstasies at the fraternisation of the English and Danish races as a consequence of the Royal marriage. Following the Poet Laureate, we are told that the lovely Princess is the "Sea-king's daughter," and a relation by blood to every "Lurdane" of us between Dungeness and the Orkneys. We are delighted for her own sake that our Prince has married a "charming woman;" but we take exception to the entire ethnology of the marriage (of course we are nothing unless ethnological now-a-days!) The 'Medical Times' favours us with an erudite article—well dressed up from old materials—on the intermixture of the Danish race with Saxon, Norman, British, &c., in this country—all to show how delighted we ought to be at this fresh graft from the old stock. "Science and history equally join in bright auguries," saith he! Alas! that science and history are not joined at all, or at least joined to prove the reverse of all our worthy editor's speculations. How provoking it must be to be told that our new Princess is not a Dane, but a real German, with only a little drop of the Vikingr blue blood in her veins! We suppose the pedigree will be found in the Gotha Almanack, if our ethnologists will condescend to peruse its fashionable pages.

THE CONVICT PREEDY.

The violence exhibited by this man in Court on the occasion of his trial is likely to excite the yearnings of certain alienists who are prone to think extravagance in brutality an evidence of insanity. We allude to the subject that we may anticipate such maudlin sympathy. This man had determined to murder the warder of his cell, and as soon as an opportunity offered, stabbed him with a knife. He assigns no cause for this malignant act. During his trial he tried to spring out of the prisoner's dock, and struggled so violently that it was necessary to put him in chains. It is recorded of him that he once wept over the death of a lame bird; and probably this circumstance will captivate the sympathies of weak people. We hope better, however. Three surgeons have decided after examination that he is of sound mind, and we trust that this judgment will prevent any kind-hearted philanthropist, or speculative alienist, from setting up a false plea of lunacy in favour of such a brutalised malefactor. We are no friends of the scaffold—far from it,—but we are sufficiently the friends of science not to wish to see it abused even for a humane purpose.

GENERAL LANGIEWICZ.

Among other curious items of intelligence it is stated that this great Polish patriot is the son of a physician, and that he has a brother, a physician, now practising in Poland.

BILL FOR PROVIDING PUBLIC CARRIAGES FOR THE REMOVAL OF SICK POOR.

A bill, having the names of Dr. Brady and Sir Fitzroy Kelly on its back, providing that the local authorities of the metropolis empowered to carry out the Diseases Prevention Act shall provide vehicles for the transport of persons labouring under infectious diseases, has been just introduced into the House of Commons. This is a most useful measure, and we hope will receive the support of Parliament. We have printed the bill in another column.

THE SANATORIUM ASSOCIATION.

We observe that the spirit of limited liability projects, now so rife, is extending itself into the medical profession. At present we are in entire ignorance of the notion entitled the Sanatorium Association, but before another week has passed we shall take care to acquaint ourselves with its merits, or demerits, as the case may be, in order that our friends may be enlightened thereon. For the present we would say—"take care of your pockets," not from any particular misgiving, though we cannot forbear from noticing the singular medical appointments which appear in the prospectus. Is it that Messrs. Partridge and Pollock have been nominated from their having quite recently made two of the greatest mistakes in surgical diagnosis on record? Or is it that these mistakes are supposed to have any bearing on the question of Insanity?

REVIEW OF THE PERIODICALS.

The 'British Medical Journal' (March 7). Dr. Beale continues his criticism of Dr. Bennett's Theory. Assuredly Dr. Bennett has met with an opponent that will not allow him to slip from his grasp. Dr. Beale charges Dr. Bennett with having used the diagrams of other observers—Dr. Nelson's for example—and fixed upon them his own explanations, and of making vague and general assertions which there is no microscopic evidence to warrant. We have extracted this article as it will be interesting to those of our readers who give their attention to histological researches. Dr. Wm. Budd's paper on "Malignant Pustule" is continued.

The 'Medical Times and Gazette' contains Professor Huxley's second lecture at the College of Surgeons on "Classification." Dr. Kenneth Macleod describes his experiments with hydrocyanic acid in the treatment of insanity, and says that he has found it useful in calming excitement. He observes:—

"The *effect* in every case has been very manifest. It has been almost purely psychal, consisting in a very remarkable, sudden, or gradual cessation of hypernoetic manifestations, with or without the induction of sleep. While its repeated exhibition has never failed to have some calmative effect, this has varied, according to the circumstances of the case, and has occurred in all degrees from the gradual, slight, and temporary, to the immediate, absolute, and permanent.

"1. In cases of mania and melancholia of great severity and long duration, with organic disease of the brain and body, its calmative action has been more slowly produced, with more difficulty maintained, more evanescent and futile.

"2. In recent cases of mania and melancholia, where no grave structural change exists, and the morbid condition has not become so stereotyped by constant repetition of similar changes, its exhibition has been followed by an immediate and sustained change for the better.

"3. In the violent, paroxysmal mania of epilepsy and general paresis, in menstrual mania, and acute melancholic paroxysms, a single administration, or a few full doses at short intervals, have effectually dispelled the paroxysm."

The dose has varied from two minims to six of Scheele's dilute acid. Five minims he regards as the most convenient dose, and if the desired effects be not produced, he advises a repetition every quarter of an hour. The mode of administration is important. Five minims are combined with thirty minims of water, and injected *subcutaneously* by means of Wood's syringe. The same journal contains some notes of "Researches on Ethnology," by the late Dr. R. Knox. These constitute an interesting record of the author's last thoughts on the natural history of man.

The 'Lancet' opens with Professor Huxley's first lecture on the "Structure and Development of the Vertebrate Skeleton." In these lectures, Professor Huxley puts forth views adverse to the morphological theories which have been for some time popular. Dr. Edward Smith also contributes an article on "Tobacco-Smoking," which, if we mistake not, we have already perused in another periodical and abstracted in the Medical Circular. The author shows that tobacco-smoking stimulates the pulsations and fills the vessels, and may be a remedial agent of value where atonicity exists; in other states it would be prejudicial. Mr. Wordsworth reports a case of "Nævus of Eyelid," cured by puncture with a hot needle. We will reproduce this case, as it describes a method of treating nævi of great practical value.

ON A CASE OF NÆVUS OF EYELID, TREATED BY PUNCTURE WITH THE HOT NEEDLE; CURE.

By J. C. Wordsworth, F.R.C.S.,
Surgeon to the Royal London Ophthalmic Hospital.

A. M'A.——, aged eight months, was brought to the Royal London Ophthalmic Hospital on the 4th of October, 1862, on account of a nævus, affecting the whole of the left upper eyelid to such an extent that its motions were much impaired, and it was stated that the growth was rapidly increasing. The skin of the lid was of a dark-red colour, and completely involved in the nævus. On everting the lid, the mucous lining, too, was found to be marked by large vessels, being evidently part of the nævus that penetrated through the tarsal cartilage. When the child cried, a considerable swelling became apparent. I considered the case well adapted for treatment by the hot needle, and ventured to promise a complete recovery. The friends at once assented to my advice, and it was therefore submitted to operation the same day, a few inspirations of chloroform produced full anæsthesia—a condition most desirable for such an operation, for many reasons. A needle, on which is a bulb about one-third of an inch from its point, intended as a reservoir of heat, and set in a handle, was heated to *dull redness* in the flame of a spirit-lamp. The eyelid was raised from the globe by means of an ivory spoon, inserted into the palpebral sinus, so has to protect the eye, as well as to form a firm basis for the lid. A considerable number of punctures was then made through the entire substance of the lid, the needle being heated as often as necessary during the operation. In this way all the large vessels of the lid were apparently closed by the heat of the needle, punctures being made over its entire extent, at distances of about one line apart. Wet lint was applied, and the case treated as a burn. Adhesive inflammation ensued producing induration and subsequent contraction of the substance of the lid.

In about a month from the operation the nævus was reduced to a few scattered vessels over the lid which had escaped the influence of the cautery; and as they produced some deformity, and might probably increase in size and number if left, I repeated a few punctures around them. From that time the case has required no further treatment. The nævus has completely disappeared, leaving scarcely a trace of deformity. On the 7th of February the child was discharged, cured.

The gratifying result of this case needs no comment. I believe that it could not have been equalled by any other treatment; indeed, from having adopted this means in several other cases, I am convinced it affords such excellent results, and is at the same time so safe and so manageable, that it should supersede all others in the treatment of superficial nævi. I know of no other mode by which these growths, in such positions as this occupied could be so effectually destroyed—without producing injury or deformity on the structures concerned. And as the only opprobrium to the actual cautery is now so effectually removed by chloroform, it is probably the most painless of all procedures that we adopt for the cure of nævus, and is divested of its terrors.

I may take this opportunity of adding one or two practical hints on the application of the cautery, as I have known disappointment occur through inattention to the principles involved in this mode of treating nævus; and I have myself failed to attain a cure by one operation where a little bolder use of the remedy might have sufficed.

1. As to the *temperature* of the needle. On this depends its influence, the object to be attained being the production of such an inflammation as will seal the vessels without causing death of tissue: a black or dull-red heat is required; in fact, such a temperature as will prevent the punctures from bleeding seems the most effectual. If the needle be applied (as I have witnessed) while hot, it simply burns a hole, and is productive of an eschar, instead of an induration.

2. As to extent of the application, and the distance between the punctures. All visible vessels should be closed by the cautery, and the skin rendered pale. To do this punctures, about a line apart should be made over the whole nævus; and disappointment may be prevented by extending them a little beyond its boundaries to the normal tissues. This is better than having to repeat the operation, and does not add either to present suffering or produce subsequent evil.

3. In reference to a repetition of the cautery. Here, again, we must remember that contraction will continue for some time after the infliction of the burn, as under other circumstances of burning. Then if we are too ready to repeat the cautery, we may not only be doing a work of supererogation, but may also produce greater effect than we desire.

For these reasons, having once effectually used the cautery, I am content to wait so long as there is any prospect of continued contraction before repeating it, unless I find the tumour still remains erectile, or some large vessels still patent and visible. With these precautions, I believe the profession will find this not only the safest but the most effectual of all remedies for the treatment of nævus. And I am fain to hope, that it will be yet more extensively employed to remedy those harmless but unsightly "mother's marks" that so often mark the beauty of many a fair face, and rob their unwilling possessor of the bright side of life.—'The Lancet.'

Births and Deaths in Scotland.—During the month of February there were registered, in the eight principal towns of Scotland, the births of 2,744 children, of which 1,396 were males, and 1,348 females. There was 2,186 deaths, of which 1,072 were of males, and 1,114 females. Of the deaths, 1,018, or 46 per cent. were of children under five years of age.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, FEBRUARY 17.

Mr. PRESCOTT HEWITT, President, in the Chair.

Dr. PEACOCK exhibited specimens showing the

STATE OF THE HEART IN PHTHISIS; AND DISEASE OF THE KIDNEY, URETER, BLADDER, AND PROSTATE, AND OF ONE SUPRA-RENAL CAPSULE.

The first specimen was removed from a man forty-six years of age, a patient at the Victoria park Hospital, under the care of Dr. Birkett, who had been seriously ill for four months, and ailing for some years. In this case the heart weighed 9 oz. and 14 drachms, indicating some degree of hypertrophy, and the cavities also were considerably increased in size. The other specimen was from a man twenty-six years of age, who died of acute phthisis, and in this instance the heart weighed only 7½ oz., and all the cavities were small, especially the left ventricle, the walls of which were increased in thickness. Dr. Clendinning, in a paper published in the 'Medico-Chirurgical Transactions,' stated that the heart was increased in size in phthisis. This opinion was not, however, strictly correct. In cases of phthisis of long duration, and especially in those which supervene on bronchitis, or are complicated with bronchitis, the heart is often found hypertrophied and dilated, as in the specimen first exhibited. When, however, the disease runs its course more rapidly—is more purely a disease of nutrition—the heart is very generally diminished in weight, and not unfrequently the cavities are small, and the walls, especially of the left ventricle, increased in thickness. This condition constitutes one form of what has been termed concentric hypertrophy very incorrectly, for it is simply that the cavities are small from the diminution in the amount of blood which they receive, and the walls contract in proportion. Of this condition, the second heart shown to the Society formed a characteristic example. It appears, however, that the heart does not, in these cases, emaciate to an equal degree with other parts of the body—the tendency to diminished nutrition being modified by the increased exertion which the organ has to undergo to maintain the circulation. In the first case, there was also strumous pyelitis of the right kidney, with entire obliteration of the corresponding ureter as far as the bladder, and complete destruction of the corresponding renal capsule. The base of the bladder was thickened and ulcerated, and there was an abscess in the left lobe of the prostate, which had opened into the neck of the bladder. The left kidney, ureter, and supra-renal capsule were healthy. The patient had been of a dingy colour during life.

Dr. LEARED showed a specimen from a case of obstruction of the bowels:

LOOP OF INTESTINE STRANGULATED IN A SLIT IN THE MESENTERY.

A boy, fourteen years of age, in apparent good health, suddenly complained of pain in his abdomen, lay down and writhed in agony. He died in twenty-four hours. At the autopsy it was found that a loop of intestine had passed through a slit in the mesentery. There were no signs of peritonitis. In reply to Mr. Gay, Dr. Leared said that the edges of the slit were rounded. It had been one of the boy's duties to exercise a large dog. The dog had once thrown him down, and then dragged him on the ground.

Dr. BRISTOWE showed a specimen of

RUPTURE OF THE ASCENDING ARCH OF THE AORTA.

A young man, who had been considered healthy, one Saturday afternoon, after carrying a ladder, had what appeared to be a slight degree of faintness. He went home, and then had pain in his back, which was treated for lumbago. On Wednesday he now and then had pain in the chest and the pain in the back was worse. He also had dyspnœa, and died two or three hours after this aggravation of the symptoms. The ascending arch of the aorta was found dilated and thin, but not diseased. There was a rent in it an inch and a-quarter long, and a smaller one half an inch. There was blood in the cellular tissues around the aorta. The pericardium was full of blood. No doubt the first symptoms corresponded with the effusion of blood into the coats of the vessel, and those just before death with effusion in the pericardium.

Mr. HOLMES exhibited a specimen of

PARTS AFTER EXCISION OF THE HIP-JOINT.

The patient, when four and a-half years old, was admitted into the Childrens' Hospital for disease of the hip-joint of two and a-half years' duration. Mr. Holmes excised the joint, and the child recovered completely. In six months the parts were soundly healed. The child afterwards returned to the Hospital, and died of double pneumonia, probably from cold. The bones were connected by fibrous bands, and Mr. Holmes thought, if the child had lived, a false joint would have been formed.

Mr. NUNN remarked on the change in the shape of the acetabulum.

Mr. HOLMES said that this was probably due to gouging at the time of the operation.

Mr. MAUNDER thought that the specimen ought to encourage Surgeons to operate more frequently in such cases.

Mr. HOLMES said that he could not agree with Mr. Maunder, as, of six cases in which he had operated or had watched carefully, this was the only one in which the slightest benefit had been derived.

Mr. GASKOIN showed a specimen of

RUPTURE OF THE AORTA, WITH EFFUSION OF BLOOD INTO THE PERICARDIUM.

A woman, sixty-five years of age, was found dead in bed. At the autopsy, the pericardium was found to be full of blood. The aorta was found to be atheromatous, and there was a small vertical rent in its coats, just above the aortic valves. From this opening the blood had escaped into the pericardium. The loose cellular tissue about the roots of the great vessels was infiltrated with blood. There was disease of the aortic valve,

Dr. PEACOCK was appointed to furnish a report on this specimen and on Dr. Bristowe's.

Mr. MAUNDER exhibited a portion of the anterior abdominal wall containing the

INCISION WHICH HAD BEEN MADE FOR THE REMOVAL OF AN OVARIAN TUMOUR.

It was shown—First, in order to record the fact, that the patient, 25 years of age, had died of acute peritonitis on the fifth day; and secondly, that in order to secure perfect coaptation of the edges of the incised peritoneum it was not absolutely necessary to include that membrane in the suture; in this specimen the sutures were still *in situ*, were quite superficial to the serous membrane, and yet the original peritoneal wound presented a linear cicatrix, excepting at the point at which the pedicle intervened. This case appeared to be in all respects favourable for operation, but having terminated fatally, Mr. Maunder deemed it more desirable to record that circumstance rather than the success of the operation, supposing the facts to have been reversed.

Mr. SPENCER WELLS said that when ovarian tumours were not closely connected with the uterus—in other words, when the peduncle was long—they often moved from one side of the abdomen to the other, as the patient moved from side to side. Of course there would be corresponding movements of intestines, and necessarily variations in the situation of dulness and resonance on percussion. When a loop of intestine adhered between an ovarian cyst and the abdominal wall, the extent of resonance would vary with the contents of the gut. In some large ovarian tumours the movements are so free that the pedicle has been found twisted round upon itself, and in more than one turn. He (Mr. Wells) had seen one case in which death resulted from gangrene of a cyst, its supply of blood having been cut off by such a twisting of its pedicle, and of the vessels contained in the pedicle.

Mr. MAUNDER said that in the case he had mentioned, the tumour was very large, and adherent to the anterior abdominal wall.

Mr. SPENCER WELLS exhibited

FOUR OVARIAN TUMOURS REMOVED BY OVARIOTOMY.

The first was removed last January, from a patient upon whom ovariotomy had been performed, in the previous May, by another surgeon. Mr. Wells did not enter into the details of the case, as he was about to bring it before the Medico-Chirurgical Society. The second tumour was removed, on the 19th of January, from a married woman, 32 years of age. The largest cyst had contained seventy-two pints of fluid, and the pressure had caused complete prolapse of the uterus with bladder and rectum. Extensive adhesions had to be separated, but the patient recovered well, and left the hospital on the day of the meeting. The third tumour was removed from a single lady, 25 years of age, on the 3rd of February. It had consisted of a large cyst holding twenty-five pints of fluid, and of masses of adenoma. Sections of the latter were shown, and portions of the wall of the large cyst, to show how small cysts are developed between the layers of larger ones. The patient died, two days after the operation, of exhaustion. The fourth tumour was removed from a married woman, in her 57th year, on the 9th of February. The largest cyst contained sixty-nine pints of fluid. There were large groups of secondary cysts, and extensive adhesions, but the patient was convalescent. This case made fifty-five in which Mr. Wells had performed ovariotomy, with a result of thirty-seven recoveries to eighteen deaths—and one case, in which he had done it for the second time, the result being fatal. If this case was classed by itself, there were only two deaths in his last twenty cases to eighteen recoveries.

Mr. SPENCER WELLS presented a

FIBROUS TUMOUR OF THE UTERUS REMOVED BY GASTRO-HYSTEROTOMY

on January 12 from a single lady 35 years of age. It weighed seventeen pounds after one or two pints of serous fluid had drained off from imperfect cysts or cavities observed in the interstices of the fibrous layers of which the tumour was composed. The uterus from which it had been removed was also shown. The connexion between the tumour and the uterine parietes was not very intimate, so that after dividing the parietes it was detached without much difficulty. In some places a very thin stratum of uterine tissue

and the peritoneum were the sole coverings of the tumour. It had formed in the right half of the body and fundus of the uterus, and had been accompanied by hypertrophy of the uterine tissue on the left side of the body, with atrophy of the cervix. Mr. Wells said that he brought this case forward, not as an example. but as a warning. He thought it would only be under most unusual circumstances that he would again remove an interstitial fibrous tumour of the uterus. A peritoneal outgrowth, or an ingrowth towards the uterine cavity and vagina, offered far more probability of successful removal than an interstitial tumour. In undertaking the operation he knew perfectly well that the risk must be great. He and Dr. Stewart had explained to the patient that the risk was an "unknown risk;" but she had begged to run any risk in hope of a cure. The tumour had been noticed for several years, and its growth had been accompanied by profuse menorrhagia; but it had only attained a very large size during the last four years. Since then her life had been repeatedly in danger from profuse hæmorrhage, and she had become quite unable to earn her living as a governess. A very accurate diagnosis had been made, and the patient was advised to try and obtain admission to the Hospital for Incurables; but she was most anxious to avoid such an end, and careful consultations were held as to the possibility of removing the tumour, and the best means of doing so. The impracticability, or very great danger, of removal by the vagina being evident, it was thought that removal by a sort of Cæsarian section offered the best hope of a good result. Accordingly, Mr. Wells laid open the abdomen, as in ovariotomy, and pressed the uterus and tumour outwards. He then cut through the uterine wall, and detached the tumour by his hand from its connection. The uterus at once contracted. There was very free bleeding at first, but it soon stopped. Two ligatures only were used, and the opening in the uterine wall was closed by the uninterrupted suture. The abdominal wound was closed in the usual manner. The patient never rallied, and died four hours after operation, death being attributable partly to loss of blood, partly to shock, and partly to the effects of chloroform. There was no bleeding after the close of the operation, and no blood was found in the uterine sac, or peritoneal cavity, after death.

In reply to Dr. Gibb and other speakers, Mr. Wells repeated that peritoneal outgrowths, more or less pedunculated, had been successfully removed by the abdominal incision—as by Pr. Grimsdale and Mr. Fletcher, of Liverpool—and that ingrowths towards the uterine cavity and vagina were sometimes detached spontaneously, and had been often removed successfully after division of the mucous membrane, but that *intestinal* fibrous tumours of the uterus, like that now before the Society, were under much less favourable conditions for the Surgeon.

Mr. Gay exhibited a specimen of

CONGENITAL TUMOUR, REMOVED FROM THE SOLE OF THE FOOT OF A CHILD.

Mr. Gay first saw the child when he was seven months old. The tumour was elastic, and appeared to be unconnected with the deep tissues. He removed the tumour, with part of the tarsus and the metatarsus. The meshes of the tissue of the tumour were filled up with large fat cells, containing also crystals of margaric acid. The patient recovered.

Dr. Harley was requested to examine the tumour, and to report thereon to the Society.

Mr. Holmes showed a specimen of

CONGENITAL TUMOUR, REMOVED FROM THE OCCIPITAL REGION.

It was removed by the écraseur. The child recovered, and there was no contraction of the neck, although the wound was a large one.

The President said that he once removed a small fibrous tumour from an infant two hours old. It projected from the upper jaw into the mouth, so that the child could not suck.

Mr. Shillitoe exhibited a

CONCRETION PASSED FROM THE BLADDER OF A WOMAN.

She had consulted him for symptoms like those of stone in the bladder; but on examining her, dilating the urethra, and passing the finger into the bladder, he could not find any stone. The substance passed consisted of phosphates coated over a thin metallic substance.

The President doubted whether it had been passed from the bladder.

Dr. Leared believed it was a deposit from a kettle.

Mr. Shillitoe thought that Dr. Leared's explanation was the correct one. This patient also consulted him for swelling of the end of one of the fingers, for which she could give no cause. It was removed at the first joint, but soon the stump inflamed, and another piece was cut off. He had recently heard that a third operation had been performed in the country.

Mr. Spencer Wells asked Mr. Shillitoe if the lady had brought an action against him for breach of promise of marriage.

The President then related a case of simulation of symptoms of uterine disease.

Dr. Harley then exhibited a

CONCRETION FOUND IN THE ABDOMEN.

Concretions might occur in any part of the body, but when consisting entirely of inorganic matter they were rare in serous cavities.

EPIDEMIOLOGICAL SOCIETY.

Monday Evening, March 2.

Dr. Bryson, F.R.S., in the Chair.

A paper on the epidemics of yellow fever in Bermuda, by Deputy-Inspector Dr. Smart, R.N., the principal naval officer at present on that station, was read in abstract by the Secretary. It was illustrated with numerous statistical tables, and accompanied with an accurate map of the group of islands. Without going further back than the close of last century, it appears that the dates of the successive outbreaks of the fever there have been 1796, 1812, 1818, 1819, 1837, 1843, 1853, and 1856.

The following are the principal conclusions drawn by Dr. Smart from his extended researches:

1. That, in the best recorded yellow fever epidemics of Bermuda, there has been generally a coincidence of the same disease on the American coasts.

2. That on such occasions there has been an epidemic constitution, displayed by the prevalence of catarrhal affections in the spring, and of gastric affections in the early summer,—these yielding to fever which, at its climax in the autumn, assumed the type of yellow fever with black vomit in a greater or less proportion of the attack.

3. That, during these epidemic seasons, comparative immunity has usually favoured the native population, and those of the European inhabitants dwelling under good sanitary conditions.

4. That the most intense manifestations of the disease have arisen in crowded barracks and convict hulks, &c., especially where the healthy and the rich have been kept together.

5. That inasmuch as in the worst instances recorded it has been found that removal from infected localities has always been followed by an almost complete exemption of those not already infected, by amelioration of the state of the attacked, and, lastly, by an early extinction of the epidemic character of the fever, it is therefore just to consider the essential causes of the disease; to operate, under ordinary circumstances, by material local agencies, rather than by those of person.

6. That sanitary measures are the means to be relied on upon the approach of the *epidemic constitution* (*a*) in any locality

7. That, in the event of an epidemic outbreak, the same means are highly valuable; but the only measure of certain value then is removal from the locality, and, in the case of crowded communities—as in barracks, ships, &c.—immediate dispersion into wider space of all persons within the range of the noxious local agencies.

8. That, although the direct proof of personal contagion may be still wanting, there are ample reasons for concluding that the highest degree of local infection has been generated in the hospitals, naval, military, and convict—so that the malady has been propagated among the attendants as well as among the sick.

9. That, with regard to hospital arrangements for the treatment of yellow fever, owing to the peculiar predisposition arising from the debility of ill-health, yellow fever hospitals should be distinct and special, and under sanitary cordon; and that, considering the disadvantage of the climate of Bermuda, the minimum space, even where perfect ventilation can be maintained, should not be less than 1,500 cubic feet per man in fever wards.

After alluding to the terrible mortality from yellow fever in several of the ships of the West India squadron during their voyage to Halifax, and after their arrival there, in 1861, Dr. Smart remarks:—"I must confess that such results, placed side by side with those of immediate removal of men from infected localities, as exhibited in Bermuda experience, have raised a doubt in my mind whether equal losses of life would have been incurred by the immediate removal of the crews from their ships into some suitable quarantine establishment in the West Indies."

Drs. Bryson, Camps, Stratton, R.N., and Milroy, and Mr. Marson, took part in the discussion of this very elaborate and valuable paper, which had been communicated to the Society by the courtesy of Sir John Liddell, Director-General of the Medical Department of the Navy.

(*a*) This vague and obscure, although classical, phrase is used by Dr. Smart simply to denote a sickly condition of the general health of a community, as indicated by the unusual prevalence and severity of catarrhas, alvine fluxes, &c., for some time prior to the development of a malignant fever in the latter part of the summer or the beginning of the autumn—the season when all the epidemics of yellow fever have appeared in Bermuda.—*Sec. Epid. Soc.*

A BILL TO REGULATE THE REMOVAL IN HIRED OR PUBLIC CARRIAGES OF PERSONS LABOURING UNDER INFECTIOUS DISEASES IN THE METROPOLIS.

Whereas an act was passed in the twenty-fourth year of the reign of her most Gracious Majesty, Chapter seventy-seven, intituled "An Act to amend the Acts for the Removal of Nuisances and the Prevention of Diseases," whereby it was, among other things, enacted, that it should be lawful for the local authority for the executing the "Diseases Prevention Act" to procure and maintain a carriage or carriages suitable for the conveyance of persons suffering under any infectious or contagious disease as in the said recited act more particularly mentioned; and the provisions of the said act have been found insufficient within the Metropolis to prevent the conveyance of persons so suffering in public vehicles plying for hire, and such persons are conveyed in the said vehicles, to the great danger and peril of her Majesty's subjects hereafter using such vehicles; and it is expedient to make other and better provision for preventing such practice: be it therefore enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same as follows:

1. Every local authority executing the Diseases Prevention Act within any part of the City of London or the Metropolitan Police District shall, within *one month* after the passing of this act, provide and for ever thereafter maintain such and so many carriages suitable in all respects for the purpose of being used for the conveyance of persons suffering under infectious or contagious diseases, so that the same shall be ready and available at all reasonable times for the use of those who may require the same, and shall at all times hereafter provide suitable and necessary appliances to enable such conveyances to be used; and such carriages shall be kept in such convenient place or places as the said local authorities may appoint, so as to be conveniently accessible to all the inhabitants of the district for which such authority acts.

2. It shall be lawful for such local authority, if they shall so think fit, to fix for the conveyance of any person in one of such carriages such charge as they may deem right, not exceeding the amount now allowed by law to be charged by the owner of a vehicle licensed to ply for hire within the said district.

3. From and after the *passing of this Act* if any person shall hire, use, or employ, or cause to be hired, used, or employed, any hackney carriage plying within the Metropolitan District for the removal of any person whom he shall know or have reasonable cause to believe to be suffering from an infectious or contagious disease whatsoever, or shall personally aid, assist, or abet any other person in hiring, using, or employing any such hackney carriage, every such person, on summary conviction thereof, shall forfeit and pay a penalty not exceeding *Ten Pounds.*

4. It shall not be necessary upon the hearing of any charge of such an offence having been committed, in any such conviction to state or prove the disease under which such person was suffering, but it shall be sufficient to allege and show that such person was suffering, from disease, and the person using or employing the hackney carriage knew or had reason to believe that such disease was infectious or contagious.

5. *The half* of the penalty imposed upon conviction of any offence against this act shall be paid to the person giving information of same.

6. All proceedings against any person for an offence under this act shall be taken in accordance with the provisions of an act passed in the tenth year of the reign of his late Majesty King George the Fourth, intituled "an Act for improving the Police in "and near the Metropolis," and the several acts amending the same; and all the provisions of the said acts relating to summary convictions shall be applicable to convictions under this act, so far as the same may be reasonably capable of being applied thereto.

7. In this Act, and in any conviction or proceeding under it, the word "infectious" shall include "contagious," and every contagious disease shall be deemed to be infectious for the purpose of this act.

8. This act may be intituled "the Disease Prevention Act, 1863.

9. This act and the said recited act of the twenty-fourth year of Her Majesty's Reign, chapter seventy-seven, shall be read together as one act.

MEMOIR OF DR. EDMUND LYON.

There are few men whose lives could be faithfully written, would be more deserving of the careful study of all earnest men than that of Dr. Lyon. Not that he was distinguished in science, or an eminent scholar, or popular as a practitioner of physic, or that his life presents picturesque materials for the biographer. His claims to the imitation of all who survive him consist in such a faithful performance of his duties to God and man as it is rare to witness. He cultivated all his faculties to the utmost and employed them with singular constancy for the good of his fellow-men, and, in doing so, displayed every characteristic of the Christian and gentleman. He was truthful, he was honest, he had a noble scorn of chicanery and wrong; he was kind and faithful in his dealings; he would rebuke the wrong-doer; he would forgive him who wronged him; he was devout and lived strictly up to the ordinances of the Church of England. The entire Medical staff of the Manchester Royal Infirmary, in an address to his relatives, say—"In our estimation, Dr. Lyon was characterised by gentleness, humility, and benevolence; by a steady and conscientious discharge of every duty, and by that stern and unbending integrity of purpose which pervades all the actions of an upright man."

Edmund Lyon was born in 1790, being the third son of the Rev. James Lyon, then patron as well as rector of the very valuable living of Prestwich, in Lancashire. After receiving a sound education at Oswestry, he became the pupil of Mr. Benjamin Hutchinson, an eminent surgeon at Southwell, the author of the 'Biographia Medica,' the best general medical biography which has yet appeared in English, whose affectionate esteem and praise he won by his steady industry and exemplary conduct. On leaving Mr. Hutchinson's house he went to London and Edinburgh, where, under the greatest physicians and surgeons of that date, he devoted himself with great diligence to the completion of his medical education. Having graduated at Edinburgh and become also a member of the London Royal College of Surgeons, he settled in Manchester.

Having lost, then, no opportunity of perfecting himself in his art, and having employed his excellent memory, clear intellect, and powers of observation of a high order, to render himself qualified for the treatment of disease, we find him a candidate for employment. In 1817, on the retirement of Dr. William Henry, F.R.S., as physician to the Royal Manchester Infirmary, Dr. Lyon was elected in his stead by a large majority of votes. This appointment gave him a large field for the observation of disease, and found him occupation during the dreary years of waiting for private practice, which nearly every physician is doomed to pass through. It is believed that no hospital ever had a more diligent or conscientious physician than the Manchester Infirmary possessed in him. But, notwithstanding his excellent education and his being a gentleman of good birth, of powerful connections, of much sagacity, industry, and professional knowledge, and of exemplary private life, his professional success was exceedingly slow. That he was believed to be deserving of success, and by those competent to judge, is proved by the fact that many of his professional brethren entrusted to him their own health. Dr. Holme, a man of great eminence both as a scholar and a physician, not only did so, but left him frequently in charge of his patients. To Dr. Lyon, however, year after year of hard work brought hardly any addition of professional income. Indeed, to no one did the ever-true remarks of Dr. Johnson apply more exactly than to him—"A physician in a great city seems to be the mere plaything of fortune; his degree of reputation is, for the most part, totally casual; they who employ him know not his excellence, they that reject him know not his deficience. By any acute observer, who had looked on the transactions of the medical world for half a century, a very curious book might be written on the Fortunes of Physicians." It is not, however, to be inferred that Dr. Lyon never attained success. At the end of about five and thirty years after he began the study of medicine, and after nearly a quarter of a century's hard work as a hospital physician, he obtained an income which, if he had received it for many years, would have been a moderate remuneration for his toil and devotion. Many circumstances conspired to disappoint Dr. Lyon. When he settled in Manchester the field was fully occupied by Hull, Edward Holme, Bardsley the elder, &c., all in the prime of life. During the period he had to wait, many fresh competitors appeared, allured by the mistaken belief that Manchester, with its great commercial prosperity, was a paradise for physicians. Of these, some deserted physic for other pursuits, some died others left and settled elsewhere, and some continued in practice as his competitors. But most formidable rivals sprung up in the general practitioners. The improved education of this class rendered them nearly, if not quite, as acceptable to the public in difficult cases as the pure physician. A change at that time began, and has continued to this day, which has almost completely levelled the distinctions which existed between the different grades of the profession, and which seems likely to result in this, that all men will enter the profession by one gate, and that not the diplomas of an University, but the acknowledged professional merits of a man (as established by the success in practice or the good opinion of his professional brethren) will be the passport to the position of a consulting practitioner. The rapid development of this sentiment during Dr. Lyon's years of waiting brought many successful competitors into the field. Again, he lived in a period of revolution in his art. Any practitioner educated but a quarter of a century ago, if he surveys carefully the changes which have taken place in medicine since he was in the schools, will find that nearly everything is new. Thousands of fine observers, scattered over the world, have brought their genius to bear each upon some organ of the body, and, availing themselves of the im-

proved methods and instruments of research, have not only investigated anew the nature of disease, but laid the foundations of more rational methods of cure. Dr. Lyon was engaged in practice when this revolution began. Auscultation, the use of the microscope, and a more advanced knowledge of the processes of disease, all came into vogue. Though Dr. Lyon tried to keep up with all advances in medicine, and acquired perhaps as good a knowledge of auscultation as most physicians of that date, he would, with characteristic honesty and conscientiousness, say—"I cannot always trust my ear," an avowal which any physician might, but few perhaps would, have made. Such declarations are a key to his character: so eminently just and honest was his mind.

Amid all these changes and discouragements he plodded on from year to year, each day's duties being performed with conscientious zeal and punctuality. He caught typhus fever and narrowly escaped death. Except an annual excursion, nothing was allowed to interfere with his labours. It was a noble fight. In 1841, after 24 years' service, he resigned the physicianey to the Infirmary, when the Board placed on the books their testimony to his "unremitting, exemplary, and zealous services," and elected him Consulting Physician to the Charities.

He published very little. His most important papers are "A Sketch of the Medical Topography and Statistics of Manchester," and "Observations on Ileus." In the treatment of some abdominal diseases he had anticipated the views entertained by eminent practitioners.

In the year 1851, Dr. Lyon, being in feeble health and in possession of a competency, retired from practice, and devoted himself, as a member of their boards, to the business of three important public institutions, the Royal Infirmary, the Royal Institution, and Henshaw's Blind Asylum. The first of these he served for nearly 46 years, and died its senior consulting physician. Of the Royal Institution, he was at his death the president; but the institution in which he took the greatest interest was Henshaw's Blind Asylum. The committees of these institutions have, since his death, entered upon their minutes resolutions expressive of the highest esteem: that of the first alluding "to his unremitting and exemplary services for nearly 46 years;" the second speaking of him "as possessed of considerable abilities, of the devotion of the energies of an accomplished mind to the working of the Royal Institution, and of his kindheartedness and goodness;" and the third remarking that, "his attention to his duties as a member of the board of that Charity was given in a most extraordinary and exemplary manner from 1834."

These eulogiums are believed to be very deserved, and they are the more gratifying because he was most independent and resolute in the expression of his opinions. The writer of these memorials, judging by documents which Dr. Lyon has occasionally produced when discussing with him the management of one of these charities, has been surprised at the labour and thought which he bestowed upon his duties. It was obvious that when he left the council table of a charity, and returned to his solitary fireside—a fireside around which a wife and offspring might have been congregated, had earlier professional success been granted him—he considered carefully the business of the day, pen in hand. He underwent great anxiety regarding the future of Henshaw's Asylum, and longed for the restitution of its chapel. He opposed its alienation, and rebuked its alienators. He would run the risk of giving pain to his best friends rather than not listen to what he believed to be the dictates of duty and conscience. He would say, "It is but little that I can do; I feel that I want that bodily strength which is so essential in debate; I am often not attended to, but still my presence helps to keep matters from being much worse than they are."

Many who remember the slight figure, the snow-white hair, the exquisitely-shaped head, the dark eyes, and the disciplined mouth, will, no doubt, have remarked how singularly pure in its expression was that countenance; how calm, grave, thoughtful, and resolute; that it betokened an intellect which had been highly disciplined, a soul alive to its duties, and a conscience which, through all the struggles and toils of a long life, was of child-like purity. Time seemed to be marking him for heaven.

Of the inner life of Dr. Lyon little can be said. The deepest streams have the fewest bubbles on their surface. The breadth of the phylactery is no proof that the Holy Spirit sits brooding on its wearer. The following are the observations of one who had watched him narrowly:—"When I was a youth I attended the same church. He was rarely, if ever absent. His demeanour was most serious and devout. When I grew up I knew him intimately, and I have often remarked that, of all my acquaintances, Dr. Lyon seemed to me to be the most likely to win heaven." In short, it is believed that the life of Dr. Lyon presents a fine example of the strivings of a Christian man to devote himself to the worship of God and the service of his fellow-men. If he failed to win wealth and honours, few have laboured harder to deserve the rewards of a future and blessed life.

He died December 17, 1862, and was buried at St. George's Church, Hulme, Manchester.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS, March 11.

EMBANKMENT OF THE THAMES.

Mr. Cowper moved the second reading of the London Coal and Wine Duties Continuance Bill.

Mr. Williams intimated that he should oppose it in a subsequent stage, if a Bill were not introduced to embank the south side of the Thames.

Mr. Ayrton hoped that the present opportunity would not be lost of placing the finances of the metropolis on a more satisfactory basis. If the accounts were brought into a consolidated shape, he believed loans might be effected on the credit of the metropolis on much more economical terms.

Mr. Doulton gave notice that he should oppose that part of the Bill which proposed to hand over to the City of London the 4*d.* coal duties.

The Bill was then read a second time.

On the motion for the second reading of the Thames Embankment (North Side) Bill.

Mr. Doulton observed that he had formerly stated that there was a great discrepancy between the estimates of the engineers and the right hon. gentleman the First Commissioner of Works. The estimate of the right hon. gentleman's engineer was 460,000*l.*; that of the engineer to the Metropolitan Board 690,000*l.* showing a difference of 230,000*l.* Since he made that statement the former estimate had been advanced to 500,000*l.*, and the latter reduced to 620,000*l.*

Sir J. Shelley asked when the evidence which was taken before the Royal Commission on this street would be in the hands of members.

Mr. Ayrton asked whether the Bill was to be referred to a committee of five or of fifteen members.

Mr. Cowper said that he proposed to refer the Bill to a committee of fifteen members, one-half of whom should be appointed by the Committee of Selection. The report of the evidence, if not already in the hands of members, would be delivered immediately. The difference of estimates to which the hon. member for Lambeth had referred arose from a difference of opinion, not as to the value of property to be taken, or to the cost of works, but as to the line of the street itself.

After a few words from Mr. Locke and Mr. Tite.

The Bill was read a second time, and ordered to be referred to a select committee.

CHOLERA IN THE PUNJAUB.

Sir W. Miles asked the Secretary of State for India whether he had any objection to lay before the House the report of a Scientific Commission, appointed in the autumn of 1861, to inquire into and report upon the epidemic of cholera, which had just caused great mortality in the Punjab and in the Valley of the Ganges; together with any correspondence that might have taken placed upon the subject between the Home authorities and the Cholera Commission.

Sir C. Wood said that no such report or correspondence had been received.

Births, Marriages, and Deaths.

BIRTHS.

Arthur.—On the 6th inst., at 7 Monkgate, York, the wife of William Henry Arthur, Esq., M.D., of a son.

Callan.—On the 7th inst., at Dundalk, co. Louth, the wife of J. M. Callan, M.D., of a daughter.

Hope.—On the 7th inst., at Boulogne-sur-Mer, the wife of George C. Hope, M.D., of a daughter.

Mostyn.—On the 7th inst., at Vyvyan terrace, Clifton park, Bristol, the wife of J. W. Mostyn, M.D., Staff Surgeon Army, of a daughter.

MARRIAGES.

M'Laren—M'Tavish.—On the 6th inst., at Killin, Dr. J. M'Laren, to Catherine, youngest daughter of the late A. M'Tavish, Esq., of Killen.

Pearce—Finch.—On the 9th inst., at Fisherton, G. Pearce, M.D., of Market Harborough, to Sophie, second daughter of W. C. Finch, M.D., of the Hall, Fisherton, near Salisbury.

DEATHS.

Rutter.—On the 4th inst., at Hunter's lane, Handsworth, Birmingham, J. S. Rutter, M.R.C.S.E., aged 52.

Hopkins.—On the 6th inst., at Boulogne-sur-Mer, W. Hopkins, M.D., late Surgeon of the Glamorgan Militia, aged 87.

MEDICAL NEWS.

Royal College of Surgeons.—The following Members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on the 11th inst.: Barrow, Benjamin, Ryde, Isle of Wight; diploma of membership dated June 27, 1836; Cathrow, William, Weymouth street, Portland place; Nov 5, 1830; Gelson, John Thomas, Chelmsford; Sept. 2, 1825

Apothecaries' Hall.—The following gentlemen passed their

examination in the Science and Practice of Medicine, have received certificates to practise, on the 5th inst : Boustead, Robinson, Buckingham street, London; Lacey, John, Wyle Cop, Shrewsbury; Page, William Irving, Ulster place, Regent's park.

Oldham Medical Society.—Mr. Abraham Leach has been elected President; Mr. Alex. T. Thomson, Treasurer; and Dr. Samuel Harris, Secretary of the above Society.

The Jews' Hospital, at Lower Norwood, has been opened in the presence of a large number of the friends of the institution.

Comparative Professional Mortality.—Of 1,000 persons, the average number who reach the age of 71 are—clergymen, 42; agriculturists, 40; artists, 28; professors, 27; and physicians, 24.

The London Fever Hospital, in 1862, received 2,699 patients, being 938 in excess of the largest number of patients received in any previous year. This great increase was chiefly due to the prevalence of typhus fever. Since the foundation of the hospital, in 1802, 34,949 patients have been admitted,

Cork Hospital.—The new General Hospital for the County and City of Cork was formally opened on the 10th instant, by the Mayor of Cork, in the presence of a large party of ladies and gentlemen, including several eminent members of the medical profession.

Aberdeen Royal Infirmary.—At a meeting of the Managers, held on the 9th inst., the following elections were made; Pathologist and Curator of the Hospital Museum, Dr. Robert Beveridge, Aberdeen; Physician (in the room of Dr. Dyce, resigned), Dr. George Carr, Aberdeen; Ophthalmic Surgeon, Dr. J. R. Wolfe, Montrose.

Birds as Destroyers of Insects.—A distinguished naturalist, M. Florent Prévost, conceived the idea that it would be a matter of great interest to collect, at different periods of the year, the stomach of every description of bird he was enabled to procure, and to examine and preserve its contents. This collection, commenced thirty-five years since, has now reached a considerable size. The stomachs, opened and dried, together with their contents, are fixed on card-board, upon which are inscribed, besides the name of the species of the bird, the indication of the locality and the date of its death, together with the names of the animals or places which have been recognised as forming part of the contents of the stomach. It results from these researches that birds are in general far more useful than hurtful to the agriculturist, and that the mischief done at certain periods by the granivorous species is largely compensated by the consumption of insects they effect in other periods.

Appointments.—G. H. Atwell, L.R.C.P., has been appointed Senior House-Surgeon and Secretary to the York Dispensary, vice F. Norton Manning, M.D., resigned.—R. Beveridge, M.B., has been appointed Lecturer on Pathology and Morbid Anatomy at the Royal Infirmary, Aberdeen, and Curator of the Museum (a newly-created appointment).—A. Bonthron, M.D., has been appointed Surgeon-Superintendent of the Queensland Government Emigrant Ships.—G. Carr, M.D., has been appointed Physician to the Royal Infirmary, Aberdeen, vice R. Dyce, M.D., resigned.—J. Wright Craig, M.D., has been elected Assistant Medical Officer of St. Giles and St. George Infirmary, Bloomsbury, vice N. Engleheart Cresswell, M.R.C.S.E., resigned.—W. F. Dixie, M.D., has been appointed Medical Officer of the first District and the Workhouse of the Lutterworth Union, Leicestershire, vice O. Bond, M.D., resigned.—C. L. Edwards, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Rugely District of the Lichfield Union, Staffordshire, vice T. Salt, M.R.C.S.E., resigned.—W. Evans, M.D., has been appointed Medical Officer and Public Vaccinator for the fourth and fifth Districts of the Devizes Union, Wilts, vice F. G. White, L.R.C.P.Ed., resigned.—L. Fisher, M.D., has been promoted to be Senior House-Surgeon of the Dispensary, Preston, Lancashire, vice R. C. Brown, M.B., resigned.—J. J. Foxwell, L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for District No. 1 of the Bristol Corporation of the Poor, vice J. Knill, L.R.C.P.Ed., appointed to the Nettlebed District of the Henley Union, Oxfordshire.—J. Godwin, M.R.C.S.E, has been elected Medical Officer to District No. 4 of the Winchester Union, vice J. Wilde, L.R.C.P.Ed., appointed to district No. 1.—J. Lloyd Jones, M.R.C.S.E., has been appointed Junior House-Surgeon of the Dispensary, Preston, Lancashire, vice Luke Fisher, M.D., promoted.—T. Knight, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Waterperry District of the Thame Union, Oxfordshire, vice J. W. Kimpton, M.R.C.S.E., resigned.—T. Leckie, M.D., has been elected a Member of the Royal Institution of Great Britain.—P. J. M'Evoy, L.K.Q.C.P.I., has been elected Medical Officer to the Rathcoole Dispensary District of the Cellbridge Union, Co. Kildare, vice M. Talbot O'Kelly, L.R.C.S.I., appointed Medical Officer to the Cellbridge Union Workhouse.—J. W. Harris M'Kenzie, M.R.C.S.E., has been appointed Medical Officer for the Checkley District of the Cheadle Union, Staffordshire, vice J. Ritchie, L.R.C.S.Ed., deceased.—T. O. Mayor, M.R.C.S.E., has been elected Medical Officer for the Clifton Union Workhouse, vice J. M. Granville, L.R.C.P., resigned.—A. L. Peacock, L.S.A., late Acting Resident Medical Officer to the St. Marylebone General Dispensary, has been elected to the office of Assistant House-Surgeon to the Sheffield Public Hospital and Dispensary.—J. T. Benhall, M.R.C.S.E. has been appointed one of the Assistant-Surgeons to the East Sussex, Hastings, and St. Leonard's Infirmary, consequent upon the death of R. Cooper Gardner, M.R.C.S.E., and the promotion of G. B. Turner, M.D.—J. Rutherford Russell, M.D., has been elected a Member of the Royal Institution of Great Britain.—J. C. Savery, M.R.C.S.E., has been appointed one of the Assistant-Surgeons to the East Sussex, Hastings, and St. Leonards Dispensary, consequent upon the death of R. Cooper Gardiner, M.R.C.S.E., and the promotion of Dr. Turner.—J. Symes, L.K.Q.C.P.I., has been elected Medical Officer to the Gorey Union Workhouse and Fever Hospital, vice J. Isdall, M.D., resigned.—G. Brown Turner, M.D., Assistant-Surgeon to the East Sussex, Hastings, and St. Leonard's Infirmary has been elected to Surgeon, vice John Savery, M.D., promoted to the office of Surgeon Extraordinary.—J. T. Vallance, M.D., has been appointed Medical Officer to the Industrial School, Whitechapel Union, vice A. J. Humbley Banks, M D., resigned.—J. Reissberg Wolfe, M.D., has been appointed Ophthalmic Surgeon to the Royal Infirmary, Aberdeen, vice J. Cadenhead, M.D., deceased. J. Witham, of St. George's Hospital, has been appointed House-Surgeon to the Male Lock Hospital, Dean-street, Soho, vice J. Wilkins Williams, M.R.C.S.E., whose term of appointment has expired.—[J. Robinson Pope, M.R.C.S.E., has been elected Surgeon to the Hastings Dispensary, and not to the East Sussex, Hastings, and St. Leonard's Infirmary, as stated in our last.]

APPOINTMENTS FOR THE WEEK.

Wednesday, March 18.

Operations at Middlsex Hospit, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal College of Physicians, 5 p.m.—Lumleian Lectures: Dr. Chambers "On the Formation of Mucus and Pus."

Thursday, March 19.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m., Prolapsus Uteri, Vesico-Vaginal Fistula, Vascular Tumour of Meatus Urinarius; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m. Prof. Frankland, "On Chemical Affinity;" Royal College of Surgeons of England, 4 p.m.—Prof. Huxley, "On the Structure and Development of the Vertebrate Skeleton;" Junior Medical Society of London, (at University College Hospital), Mr. Talfourd Jones, "On Tuberculous Meningitis."

Friday, March 20.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Physicians, 5 p.m.—Lumleian Lectures:—Dr. Chambers, "Formation of Mucus and Pus;" Royal Institution, 8 p.m.—Balfour Stewart, Esq., "On Magnetic Forces."

Saturday, March 21.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Max Muller, "On the Science of Language;" Royal College of Surgeons of England, 4 p.m.—Prof. Huxley, "On the Structure and Development of the Vertebrate Skeleton."

Monday, March 23.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m; Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Structure and Development of the Vertebrate Skeleton;" Medical Society of London, 8½ p.m.

Tuesday, March 24.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.; Royal Institution, 3 p.m.

BOOKS RECEIVED FOR REVIEW.

On the Convulsive Diseases of Infants. By Dr. T. Ballard. London: John Churchill and Sons.

The International Aspect of Quarantine Legislation. By Gavin Milroy, M.D., &c. London: McCorquodale and Co., Cardington street.

A Treatise on Gall-stones. By J. L. W. Thudichum, M.D., &c. London: John Churchill and Sons.

The Dental Review (March). London: J. W. Davies, 54 Princes st.

NOTICES TO CORRESPONDENTS.

J. B.—Certainly.

Chirurgus.—There is no committee sitting, so far as we know, competent to deal with such a matter. It would not be difficult to form a committee for the amendment of the Medical Act. There need not be any bluster; but let the committee prove their competency by their deeds.

Mr. H. W.—We cannot inform you.

Alpha.—We believe you are right, and that many cases of so-called Malignant Pustules that have been reported have been cases of Anthrax. An error of diagnosis, however, does not invalidate other more correct observations.

The following lines, which have appeared in the morning papers, are reported to be the poetical offspring of an eminent physician :—

"The Marriage of the Prince of Wales with the Princess Alexandra of Denmark.

"After the darkest night comes glorious morning,
When sunbreak bursts from out the golden sky,
With every beauty the fresh Earth adorning,
The glittering sea, and glowing clouds on high.
A night of sorrow on our land has rested,
But now the coming day is seen to dawn ;
The heart is not of its regrets divested,
Although a veil o'er its regrets be drawn.

"The morning opens cloudless and all glorious ;
The shadows of the night fast fade away ;
Love, Hope, and Joy o'er every ill victorious,
The nation holds high jubilee this day.
With love and loyalty each heart o'erflowing,
All hail the Nuptials of the Royal Pair ;
Deepest devotion to our Sovereign showing,
While Denmark's Daughter weds with England's Heir.

"Hail, Alexandra, first of Denmark's daughters,
Hail, lovely Princess, now Great Britain's pride ;
Welcome a Danish fleet in British waters,
That brings to England's shore our Prince's Bride.
Joy to thee, youthful Prince ! May truest glory
Around thy Royal brow be ever seen,
Until thy name shine forth in future story
Worthy of thy Great Sire and our Good Queen.

"A Jubilee of Nations ! Each rejoices
As with exultant shouts we rend the air,
Or join in reverential tone our voices,
To ask for blessings on that youthful Pair.
Each joy of Earth be granted without ceasing,
Each gift that Heaven on mortals can bestow,
Until, their happiness each day increasing,
No more is left to wish for here below.

"May England's Star, still glorious and ascendant,
In Freedom's frontlet ever foremost shine,
Showing to all who would be independent,
How Law with Liberty man must combine.
A nation, as one brotherhood, united,
Who guard a Regal Right even as their own ;
A Land where Wrong is still by Justice righted,—
A People bound by Freedom to the Throne.

"Torquay, March 10, 1863." "R. T. E.

Non-Payment of Fee by An Assurance Office.

[We recommend to the observance of our readers the example of Dr. H. Arthur, as disclosed in the annexed correspondence. That gentleman having been applied to by the "Consolidated Life Assurance Company," Cheapside, to furnish certain professional particulars respecting the health of a gentleman intending to insure in that society, without promise of the usual fee, returned the admirable answer contained in this correspondence. We hope that all our readers will act in the same manner, when similar demands are made.—Ed. Medical Circular.]

Dear Sir,—Permit me to transmit to you the inclosed papers, which will doubtless disclose to you a practice which is a gross imposition upon the Medical Profession.

If it be true that Medical men will make themselves so cheap as these papers would imply, it is not to be wondered at that the demand for Medical Fees should be ridiculed, and scoffed at, and the Profession thereby degraded.

With best wishes towards the success of your admirable and well-conducted journal, Believe me to be, Dear Sir, Yours truly,

7 Monkgate, York, Wm. Henry Arthur, M.D.
March 12, 1863.

(Copy.)

7 Monkgate, York,
February 16th, 1863.

Sir,—I would have acknowledged sooner, but for the pressure of professional duties, the receipt of the Assurance papers you forwarded to me, to be filled up, respecting the state of health, &c., of George Batty, of this city.

In reply, *I again* (as I have on a former occasion), state to you that I positively decline to act professionally for you, or any other institution, without proper remuneration. You have it printed in italic in your prospectus that it is "for his benefit." I therefore, naturally infer that your office derives not the slightest benefit whatever. You live, as it were, upon atmospheric air, a sort of supernatural existence, established for the distribution of benefits "Pro bono publico." Well then Sir, I must tell you that I live by my profession, and my time is too busily engaged to sit down for half-an-hour, and furnish your office with a long list of information by answers to questions, without receiving the mediocre fee of a half-guinea. I am, yours, &c.,

Mr. D. MacGillivray. Wm. Hy. Arthur.

Mr. Hatherley.—Received and inserted.
Dr. Stewart.—Received.
Mr. B. Jones is thanked for his note.
Dr. Wilson.—1st. Yes.—2nd. Yes.
Dr. C. (Manchester) shall have a private note.
Mr. S. H.—1st. Right.—2nd. We cannot form an opinion from the information forwarded.

Twinberrow's Patent Double-Action Reservoir Injection

APPARATUS. Complete with additional Pipes for all Purposes, and suitable for every climate.

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The Piston or Pump, which so frequently gets out of order, is not introduced into this Apparatus; there is therefore an absence of ily, Greasy Matter, and Black Lead (which are absolutely necessary to lubricate the Piston in the usual Syringes), which soon becomes rancid and green, some portion of which inevitably passes with the fluid injected from an ordinary Syringe.

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With additional Pipes for all purposes, including the most perfect Eye Douche and Ear Syringe.

The great advantage of this Syringe over others of a like description, is its having a double action, thereby producing an uninterrupted stream, consequently discharging double the quantity of fluid in half the usual time, and with much less exertion.

be rendered available as an Eye Douche, an Ear Syringe and for washing out the Bladder. For these purposes it is peculiarly well adapted, being continuous in its action

From J. E. ERICHSEN, Esq

"6 Cavendish place, Cavendish square,
"Oct. 1. 1861.

"Twinberrow' 'Double-Action (Syphon) Syringe' is the most generally useful Instrument of the kind with which I am acquainted.

"For the more ordinary purposes it is especially well fitted, being compact, portable, and not liable to get out of order.

"By a very simple arrangement the Instrument may be rendered available as an Eye Douche, an Ear Syringe and for washing out the Bladder. For these purposes it is peculiarly well adapted, being continuous in its action

"John Erichsen, Professor of Surgery at University College, and Surgeon to the Hospital."

From W. FERGUSSON, Esq.,
Professor of Surgery at King's College, and Surgeon to the Hospital.

16 George street, Hanover square, Oct. 14th, 1861.

Sir,—I have seen and made use of your Double-Action Syringe, and think very highly of it.

Mr Twinberrow, Yours faithfully,
Edwards street. Wm. Fergusson.

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Important Letter, Published by Permission.

From Dr. C. KIDD, Author of standard works on Chloroform :—"Sir,—I think if you would advertise your 'Chlorodyne' more than you do, you would help to beat the other secret compounds out of the market. Of the value of Chloroform given internally, I have no doubt; it appears to me in that form an anodyne sui generis that no other anodyne can approach. I have resolutely opposed the use of secret compounds of Chlorodyne, and in every way I can encourage the use of the 'Chlorodyne' (if we must have it at all) that is made by you, as you state that its composition is known. Many Medical men think with me and recommend your compound, but will never prescribe a secret remedy. (Signed) Charles Kidd, M.D., and Surgeon, Sackville street, Piccadilly, London, April, 1862."

Price—1oz., 1s. 6d.; 2oz., 2s. 6d.; 4oz. to 20oz., 1s. per oz. Prepared by A. P. TOWLE, Chemist, &c., 99 Stockport road, Machester. May be had from Barclay and Son, Farringdon street, or through any Wholesale House

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L.S.A., aged 23, fond of his Profession, and of very regular habits, at present holding a hospital appointment which he relinquishes in the course of six weeks, will then be open to an engagement. One of a permanent character desired, and liberal remuneration expected. Town preferred. The advertiser is personally known to Mr. Harris, 20 King William street, W.C., who will be happy to receive any communications.

E. Burton and Co.'s Optical,

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Pepsine and Pepsine Wine.

—BOULDAULT begs to state that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, her Majesty's Chemist, 227 Oxford street, London, to whom all applications respecting it must be addressed

Second Edition of Boudault on 'Pepsine,' with Remarks by English Physicians, edited by W. S. Squire, Ph. D.; published by J. Churchill, London : may be also had of the Author, 277 Oxford street, price Sixpence.

Kinahan's LL Whisky v.

COGNAC BRANDY.

This celebrated old IRISH WHISKY rivals the finest French brandy. It is pure, mild, mellow, delicious, and very wholesome. Sold in bottles, 3s. 8d. each, at most of the respectable retail houses in London ; by the appointed agents in the principal towns in England ; or, wholesale, at 8 Great Windmill street, Haymarket.—Observe the Red seal, pink label, and cork branded "Kinahan's LL Whisky

PRESCRIPTIONS AND FORMULAS.

Hæmorrhage from the Ear in Hooping-Cough. Mr. Triquet's Treatment.—We stated in another part of the present number, (Art. 6384), the coincidence at least in the cases hitherto published, of hæmorrhage from the ear in hooping-cough, with laceration of the membrana tympani. By a careful analysis of the cases, illustrative of Mr. Wilde's views, Mr. Triquet has been led to the adoption of the following treatment:

1. If pain be present, it is proper to resort to cupping in the mastoid region, or apply two or three leeches in front of the tragus (one leech only in the case of infants).

2. Calomel, or scammony, in doses appropriate to the age of the patient, should be prescribed for antiphlogistic and derivative purposes.

3. To render the membrane immovable, and afford it the needful support, cotton wool should be inserted with a style and speculum as far as the surface of the lacerated partition.

4. The patient must be protected from the various sounds which might cause agitation of the membrane, and impede cicatrisation.

5. Cicatrisation will be promoted by touching, once or twice a day, the edges of the laceration with a pencil impregnated with

Glycerine, ʒij.
Tannin, gr. ½.

or by the application to the surface of the membrane of a small piece of gold-beater's skin, previously moistened with one drop of elastic collodion.

These two procedures Mr. Triquet has found efficient, and have in the course of a week brought about the occlusion of the preternatural aperture.

Mr Gibb seems disposed to trust to nature for the cure of these lacerations of the membrana tympani. But in one of his cases the injury was followed by obstinate otitis and permanent deafness, and judicious interference is, therefore, dictated by prudence.

Liniment for the Cure of the Headache, coincident with Ocular Disease.—In a case of paralysis of the four recti muscles of the eye and the levator palpebræ, reported by the *Journal de Médecine de Bruxelles*, Mr. A. Ceccarelli, Chief Surgeon of the Royal Military Hospital, and Director of the Ophthalmic Dispensary at Rome, is stated to have resorted with benefit, for the removal of obstinate frontal cephalalgia, to frictions over the forehead and temples with a cloth impregnated with:

℞ Liq. Ammoniæ, ʒiv.;
Etheris nitrici, ʒij.;
Ol. camph, ʒivss.;

Every evening a hot hand bath containing carbonate of soda was also prescribed, and in the course of four days considerable relief was experienced.

The paralysis was caused by the application of lunar caustic to the eyeball in the region of the muscular insertions. The rotatory motion of the eye was restored after three cauterisations performed at intervals of five or six days. In this instance Mr. Ceccarelli had recourse to the plan recommended by Mr. Vallez of Brussels, the pencil of nitrate of silver being protected by a moist piece of muslin, a plan which renders the operation less painful, and admits of the action of the caustic being regulated at will.

Treatment of Chaps and Chilblains.—The *Bulletin Médicale du Nord de la France* registers the following formula, which Mr. Testelin has found useful in cases of chilblains uncomplicated by ulceration:

℞ Tinct. Iodini, ʒij.;
Liq. sodæ chlorinatæ, ʒvj.;

This liniment should be laid over the seat of the disease, and afterwards dried by exposure to the fire. Mr. Testelin states that the remedy effects a cure in three or four days.

For the treatment of chapped hands the same practitioner has frequently resorted to the application of honey heated in an oven, and deprived of its viscidity by the removal of the froth formed under the influence of heat. It should be applied over the hands whenever they are washed, and spread with gentle friction. The author asserts that he has thus succeeded in curing chaps, and in preventing their return, in servant maids whose hands are frequently exposed to the contact of water, and who usually suffered from this inconvenient affection throughout the winter. He prescribed the same remedy with entire success in Brussels to a clear-starcher, although this person did not for a single day discontinue her employment.

LEARNED SOCIETIES.

Academy of Sciences.—Man is not the only animal liable to Bronchocele, and Mr. Baillarger communicated to the Institute a series of facts, from which it appears that goître is frequent in horses and in mules. Mr. Rey, a professor of Veterinary Surgery at Lyons, questions, it is true, the accuracy of these facts, but if he has not met with the affection in the class of animals alluded to, Mr. Baillarger is convinced that the circumstance arises from the Professor's observations not having been directed towards the discovery of the disease. Mr. Baillarger requested several competent men to test the accuracy of his statements, and the following is the result of the inquest instituted by them on the subject.

Mr. Péronet, Inspector of the Slaughter-houses of the City of Chambéry, examined 60 mules and 45 horses; 28 of the former and 15 of the latter were affected with bronchocele.

Dr. Rey (of Grenoble), repaired to Allevard in company with Mr. Pellat, Veterinary Surgeon of the 4th. Regt. of Artillery, quartered at Grenoble; 55 mules were submitted to their inspection, and 47 goîtres were detected. In this district, however, horses appear to be less subject to the disease than at Chambéry. Amongst eight horses, Messrs. Rey (of Grenoble) and Mr. Pellat discovered only one case of hypertrophy of the thyroid.

— Professor Renault, of Alfort, observed in April last at the Institute, that hydrophobia seems to have increased in frequency since the establishment of a tax on domestic animals. Mr. Renault recommended as measures of public safety calculated to check the further extension of the evil the permanent and *effectual* muzzling of all dogs allowed to wander at liberty, and the immediate destruction of all those bitten, or suspected of having been bitten, by rabid animals.

The portion of these recommendations relative to muzzling was complied with, it is true, but the tolerance of the authorities speedily neutralised the good effects of the precaution, and it is now admitted, on all hands, that muzzling, as performed in France, affords no real protection.

As to the destruction of all animals bitten, or merely suspected of having been bitten, by a mad dog, the apparent inhumanity of the measure, has caused it to be replaced by the *temporary* sequestration of the suspected subject.

The problem which now requires solution is the duration of the sequestration, a question answerable only when the precise length of the incubation of rabies shall have been ascertained. To attain this knowledge persevering and dangerous researches have been necessary, and in his second communication, Mr. Renault laid before the Academy the results of the inquiry.

In a period of twenty-four years, 131 dogs were either repeatedly bitten, under Mr. Renault's eyes, by animals during paroxysms of rabies, or were inoculated by himself or in his presence with saliva, taken on the spot from mad dogs.

63 of these animals having been found perfectly healthy at the expiration of four months, were considered safe from the effects of the virus, and were subsequently submitted to further experiment.

Of the remaining 68,

31	became mad after the		40th day;
23	„	„	45th „
16	„	„	50th „
14	„	„	55th „
12	„	„	60th „
8	„	„	65th „
7	„	„	70th „
3	„	„	80th „
1	„	„	118th „

From these figures Mr. Renault concludes that six weeks, the maximum length of sequestration according to existing regulations, are an insufficient period, and that the animal should be confined four months. "But," says the learned author, "whereas it is not probable that the measure would ever be carried out to its full and desirable extent, and moreover, as it is doubtful whether, even after an interval of four months, hydrophobia may not make its appearance, as a few cases reported by trustworthy practitioners seem to imply, the most effective, the only measure which can satisfy the requirements of common prudence, and thoroughly protect the public, is the immediate destruction of all dogs bitten, or merely attacked by a rabid animal. I have never hesitated, for my part, to recommend the sacrifice to the owners of dogs bitten, or even suspected of having been wounded under such circumstances.

"General Morin," says the *Union Médicale*, "remarked that the *immediate destruction* recommended by his learned colleague, had for upwards of forty years been resorted to at Strasbourg. A cart driven by the assistants of the public executioner, perambulated the streets, and all unclaimed dogs found wandering in the town were caught, strangled, and carried away. Mr. Morin believes that this practice has been discontinued, and he congratulated the city of Strasbourg on having relinquished so barbarous a custom. The scene must have been truly disgusting, less disgusting perhaps, and doubtless preferable, in Mr. Renault's opinion, to the spectacle afforded by a man writhing in the paroxysms of hydrophobia, the result of the negligence of the police; this may be true, but before resorting to so cruel a procedure, would it not be proper, if he might venture to ask, that the would-be *canicides* should inform the Academy how it happens that in countries where dogs are allowed to roam in absolute freedom, where the muzzle is unknown, and destruction not practised, as Constantinople and the Levant, for instance, hydrophobia is seldom, if ever, observed?"

Academy of Medicine.—We have on a previous occasion noticed Mr. Poggiale's report on drinkable waters. The following is an abstract of the observations offered by several members in the debate, which may be termed the contest between rivers and springs.

River-water, said Mr. Jolly, like all water which has been sufficiently ærated, and has deposited the organic matter, and calcareous ingredients in excess, is vastly preferable for consumption and domestic usages to spring-waters.

Subterranean waters are generally and almost inevitably, imperfect, from the absence of air, and when in the absence of a river, it is necessary to supply a city by means of springs, it is indispensable, as the commission has very justly remarked, to convey the water from its emergence to the reservoirs from which it is finally distributed, in wide and airy aqueducts, in which the liquid may acquire the physical, chemical, and hygienic qualities of wholesome drinkable water.

The equal temperature, and clearness boasted of in spring-waters, are not essential to the hygienic properties of the liquid, but are merely incidental, and acquirable, but alone cannot justify a preference in favour of these waters over other sources of supply.

— Mr. Bouchardat took part neither for nor against spring water, but expatiated on the subject of drinkable waters in general, and concluded with the following remarks:

"By the term 'drinkable' I designate all natural waters of pleasant taste.

"No absolute opinion can be expressed as to their salubriousness, but after an inquiry into the health of the populations who have used them for a long period of time.

"Drinkable waters, which by long continued use have produced endemic disease, do not derive their injurious properties from the presence or absence of any chemically defined substance (with the exception of arsenic and other poisons, and perhaps an excess of silica, which may act in a detrimental manner on the teeth).

"The drinkable waters, the continued use of which as a beverage causes endemic goître, and as a consequence cretinism, contain organic matter arising from vegetable decomposition in Dolomitic soils, or in soils constituted by similar mineral elements.

"These waters generally originate in marshes, ponds, or fens, and by infiltration through the soil, constitute the transparent springs of lower lands.

"Drinkable water of a doubtful character may be used with impunity as a beverage, when it has been boiled, and employed to make tea, coffee, or other analogous preparations."

— Mr. Gibert offered a few remarks on Mr. Poggiale's report. The learned member cannot agree that the variableness of the temperature of river-water is an objection to its use, because every house is supplied with a well in which the river water may be cooled for the table. Mr. Gibert is also surprised that the efficacy of filtration on a large scale, should be the object of a doubt, the establishment of the Célestins having notoriously supplied Paris with excellent water for the last fifty years.

"Messrs. Poggiale and Robinet replied that the means of domestic refrigeration alluded to by Mr. Gibert were not to be found in all houses, and that the method of filtration employed by the Company of Les Célestins was obviously inadequate to the requirements of the capital, the cubic metre of water costing no less than five francs.

— The most racy speeches of this debate were delivered by Messrs. Robinet and Briquet.

Mr. Robinet addressed himself to Mr. Bouchardat's remarks, and endeavoured to demolish some of the assertions of his learned colleague.

"Is it necessary," said he, "that water be ærated? For my part, I have shown, since 1861, that the stomach has not been constructed with a view to the absorption of air. This is the function of another organ, and many people, moreover, drink no water. Those who use well-water (and they form the nine-tenths of the French nation), drink water which contains but very little air. In many wells respiration cannot be carried on, and a light will not burn. The same remark applies to Artesian wells. The well at Grenelle contains nitrogen only, and yet the water it supplies is used by all the inmates of Hospital Necker, without injury to their health. At St. Denis the same circumstances are observed on a more extensive scale, without any evil results.

"Marsh water is charged with ammonia, contains no air, and yet does not injure animals. I have for my part, for six weeks, drank nothing but distilled water, containing no air, but slightly acidulated with carbonic acid, and the beverage has agreed with me perfectly.

"I do not agree in the objections which have been made to the calcareous and magnesian salts present in water. Certain waters have been condemned on account of a slight increase of weight detected with the hydrometer. Now I have found that some waters, supposed to be excellent, were seriously impeached by hydrometric examination, and *vice versâ*. In Champagne, the inhabitants do not drink the Marne water. At Epernay, a spring is used which supplies water weighing 44 deg (hydrom.), whereas in the waters of the Seine the instrument sinks to 18 deg. The waters of the wells of Epernay weigh 48 deg., 50 deg., 56 deg., and 60 deg. Now in this city there is not a single instance of bronchocele to be found. The water at Fontainebleau oscillates between 25 and 60 degs., the waters used at the Palace weighing 50 deg. At Marseilles the waters weigh 50 deg., 61 deg., 54 deg. and 168 deg., the latter being the pleasantest in the town.

"Hence I am justified in asserting that the calcareous contents of drinkable water are not by any means so objectionable as has been stated. The waters at Saint Denis weigh from 42 to 45 degs.

"On the other hand, the presence of a certain amount of calcareous salts is alleged to be indispensable. I may state in reply that at the Puy de Dôme the hydrometric weight of the water is 1 deg. or 1·5 deg., and rain water in Paris, 2 deg. In the Département de l'Ardèche flows a river, the water of which weighs but 0·5, being 0·5 less than distilled water. In the province of Morvan the water varies between 1 and 3 degs., well water marks from 2 to 5 degs., the water at Clermont, 1 and 5·—7 degs. Yet you are aware that Morvan supplies Paris with excellent wet-nurses.

"The conclusions are obvious. In general, the dangers attributed to the use of certain waters are very doubtful, and Mr. Bouchardat, in my opinion, deals too largely in hypothesis. He attributes goître to vegetable matter which he has never seen, and yet the water used in Paris deposits a considerable amount of vegetable matter, and is not a cause of bronchocele.

"In Paris many persons drink turbid water without injury to their health. Moreover, most persons mix their water with other beverages, a circumstance which must be taken into account. I have entered on this subject in an extensive correspondence, of which the following is the result.

"In 21 Departments, water is used as a beverage in 4, and in 3, when no other drink is attainable; in the remaining 14, no water is drunk, and as a rule it is held in abhorrence."

While listening to Mr. Robinet's remarks, the Academy was somewhat puzzled to explain why the orator, expressing himself so indifferent to the composition of water, had yet earnestly advocated the enormous expenditure involved in the derivation of the river Dhuis. If the waters of the canal de l'Ourcy are sufficient for the consumption of the Capital, why spend millions for the purpose of bringing from Champagne to Paris a water which will not be found pleasanter, nor, according to Mr. Robinet himself, more wholesome?

Mr. Briquet did not confine himself to mere speculation on the subject, but distinctly expressed his surprise in a humourous speech, of which we reproduce the more important passages.

"From Hippocrates down to contemporary authors, Messrs. Rostan, Michel Levy, and Londe, for instance, all hygienists, agree that river water is wholesome, and spring water injurious. It is not, therefore, without surprise that I have heard a contrary doctrine from the lips of our learned colleague. I cannot adopt the views of the Commission, which have however found advocates in this assembly. Mr. Bouchardat informs us that, after careful investigation, he has come to the conclusion that the presence of air is not necessary in water, and that the amount of saline ingredients is a matter of indifference, etc. I conceived that these opinions were uttered with a view to conciliation. But he was followed by Mr. Robinet, who also occasioned some astonishment when he stated that the æration of water was unnecessary, that the fixed soluta were unimportant, and that no connection can be traced between the chemical composition of water, and its effects on the system. He cares not whether water be turbid or transparent; in short, he has reversed all our notions on the subject, he has changed all things, and like Molière's quack doctor, he has placed the heart on the right side.

"Now I will merely ask, if the quality of the water is a matter of such utter indifference, why seek it in so distant a department, at such enormous outlay? Are we then like fine ladies who admire only expensive articles?

"Mr. Robinet states that in the various public Institutions of Saint Denis, the water used for the table is not ærated, and that no bad effects follow. I may be permitted to remark that, from contact with the atmosphere, the water rapidly becomes ærated in its passage to its destination, and in the basins in which it is preserved.

"It is, moreover, not proved that public health is so very flourishing in that locality. Mr. Robinet asserts that at the pauper asylum there is no illness, but he must allow me to question the accuracy of his information. He brings forward no comparative tables of the mortality, in this and other similar establishments. The same remark applies to the school of the Legion of Honour. Our colleague confines himself to mere assertion, and does not attempt any satisfactory demonstration.

"With regard to the inhabitants of the Département de la Marne, I may say that if they use well water from preference, it is not a matter of choice, but of economy, because they cannot afford to construct engines for the purpose of raising water from the river. Mr. Briquet then related the well-known history of the *batteurs de Marne.*

"As to the effects of the use of Spring water in Champagne, I produce an extract from an unanimous decision of the Professors of the School of Medicine of Rheims." (Mr. Briquet read this document, from which it appears that goître was very common at Rheims, where the inhabitants used well and spring water only, and that the disease has vanished since they have replaced this beverage by the water of the River Marne.)

"Mr. Robinet quotes Epernay, where spring waters only are in use, and affirms that bronchocele is not to be found in that city. I hold in my hand a letter from Dr. Rousseau, who states that he has at present seven cases of goître under his treatment; suppose that each of the practitioners of Epernay can adduce an equal number; take due note of the cases unknown to the physicians, and concealed with the utmost care by the patients, and these I do not overstate in estimating them at two-thirds of the whole, and you will have the correct statistics of bronchocele in a city in which the disease is said not to exist.

"I have consulted the documents supplied by the military boards in Champagne. The number of soldiers invalided on account of bronchocele, during one year, amounts to 83. And yet it is in this very country we seek, at great expense, for water for the consumption of Paris. Allow me, gentlemen, to conclude with a trite aphorism. *The plan will not pay.*

— We have already published the results of the competition for 1862; the following are the subjects proposed by the Academy for the years 1863 and 1864.

PRIZES PROPOSED FOR THE YEAR 1863.

Prize of the Academy.—The Academy proposes for competition the following question:—

"Carbuncular disease in Man and Animals."

Value of the prize, 40*l.*

Portal prize.—Morbid Anatomy of the Placenta, and influence of its anatomical alterations on the development of the fœtus."

Value of the prize, 40*l.*

Civrieux prize.—"Dyspepsia."

Value of the prize, 40*l.*

Capuron prize.—Obstetrics.—"Estimation of the comparative advantages and disadvantages of turning, and of the application of the forceps, in malformations of the pelvis."

Value of the prize, 40*l.*

Lefévre prize.—"Melancholy."

Value of the prize, 80*l.*

Amussat prize.—"To be awarded to the author of the anatomical researches and experiments which shall have prepared or realised the most important progress in surgical therapeutics."

Papers previously rewarded by the Imperial Academy of Medicine, or by the Academy of Sciences, are excluded from the present competition.

Value of the prize, 40*l.*

Barbier prize.—(Vide Page 42.)

Value of the prize, 240*l.*

Argenteuil prize.—"This prize, which is awarded every six years only, will be adjudged to the author of the most important improvement introduced in the treatment of strictures of the urethra during the present period, 1856-1862, or to the author of the most valuable improvement, during these six years, in the treatment of other diseases of the urinary organs."

The papers must be forwarded to the Academy before the 1st of March, 1863, and be written in French or Latin.

Value of the prize, 480*l.*

Any candidate who directly, or indirectly, may have made himself known, will *ipso facto*, be excluded from the competition.

Candidates for the prizes founded by Messrs. Itard, D'Argenteuil, Barbier, and Amussat, are exonerated from the foregoing condition; and likewise competitors for the prize founded by Mr. Capuron, on the subject of mineral waters.

PRIZES PROPOSED FOR THE YEAR 1864.

Prize of the Academy.—"A clinical inquiry into the complications which may arise, during the progress of rheumatic fever, in the nervous centres and their envelopes."

Value of the prize, 40*l.*

Portal Prize.—"Establish the condition of the nerves in local paralysis."

Value of the prize, 24*l.*

Civrieux Prize.—"History of progressive locomotive ataxia."

Value of the prize, 40*l.*

Capuron Prize.—"Incoercible vomiting during pregnancy."

Value of the prize, 40*l*

Itard Prize.—To be awarded every third year, to the author of "the best book or paper on practical medicine or therapeutics."

The works presented for competition must have been published at least two years before.

Value of the prize, 120*l.*

Orfila Prize.—This prize is not divisible, and the subject proposed may bear on a question of toxicology, or on one of the other branches of forensic medicine.

The Academy, in accordance with Mr. Orfila's expressed desire, proposes, for the third time, the question of poisonous mushrooms, and words it as follows:—

"1. Give the general practical characteristics of poisonous mushrooms, and more especially those appreciable by the public.

"2. Ascertain the influence of climate, aspect, soil, cultivation, and season, on the edible or poisonous properties of mushrooms.

"3. Separate the poisonous principle, describe its chemical and physical characters, and expatiate on the means best calculated to indicate its presence in cases of poisoning.

"4. Inquire into the possibility of neutralising or removing from mushrooms their poisonous principles, and ascertain what takes place in the decomposition or transformation they have undergone.

"5. Study the action of poisonous mushrooms on the human body, the means of preventing it, and the appropriate remedies."

Value of the prize, 240*l.*

Barbier Prize (vide page 42).

Value of the prize, 120*l.*

The office bearers of the Academy were elected as follows, for the year 1863:—*President*, Mr. Larrey; *Vice-President*, Mr. Grisolle; *Annual Secretary*, Mr. Béclard; *First Member of Council*, Mr. Guérard; *Second Member of Council*, Mr. Clocquet.

The Medical Circular.

LECTURES
ON DISEASES OF THE EAR.

By James Yearsley, Esq., M.D.

(Continued from page 130.)

For a moment, then, I take leave of Mr. Wilde, who chose to notice my efforts in the cause of progress, for which I thank him, and of the obstinate old man in Berlin who ignores them, with whom, consequently, I ought to be very angry, and proceed in my tracery of what I would call the revolutionary period of the history of aural surgery.

No man of ordinary observation can possibly investigate a series of cases of deafness, without seeing the important part played by the mucous membrane in producing the affliction; and long before I had written a line on the subject, or exclusively devoted my attention to it, the wonder with me was upon what principle the ears were invariably syringed, and oils and drops introduced into the passage of the ear for its relief;—the only solution to be arrived at was that medical practitioners gave no thought to the subject, and blindly followed on in the wake of their predecessors whether for good or for evil—a practice which has seriously impeded the advance of medical science in other departments as well as in aural surgery. Here I would offer a suggestion, whereby young men may be brought to think for themselves. Restrict them from reading medical works for the first year at least of their pupilage,—let them read the book of nature only at the bedside of the patient,—and then they will be led to reason with themselves on what they see, and less likely become blind followers in the errors of their teachers. Such was the scheme of education pursued in my own case at a large county hospital, and I have had reason to see the wisdom of it, for it not only leads to scepticism of the opinions and practice of others, but more especially of one's own. The natural consequence is that when you do venture to put pen to paper, you rarely afterwards have reason to regret it. Thus it is I can refer with pleasure, and fearlessly quote opinions addressed to the profession more than twenty-two years ago without desiring to alter a single word.

My views and practice in aural surgery, had been frequently explained in Annual Reports of the Ear Infirmary between 1837 and 1841, but in the latter year they were embodied in a series of Papers published in the 'Medical Gazette,' and from the first of them I quote my opinions, expressly addressed to the profession, on the part played by the mucous membrane in relation to deafness.

"My attention has been much directed to the state of the mucous membrane in deafness, and the result of my investigations has satisfied me that a very considerable majority of deaf persons have the lining mucous membrane of the ear in a diseased condition. The great agent in producing this morbid state is *cold;* sometimes affecting the internal ear through the medium of the external passage, but more frequently producing its first effects on the throat, and extending to the middle ear through the inner or Eustachian passage. The next prolific source of deafness is chronic derangement of the stomach, which affects the ears in all who have any predisposition to disordered hearing. These causes of aural disease thus displaying themselves in morbid conditions of the mucous membranes, I do not hesitate to declare, exceed all others in frequency and importance.

"The affection of the mucous membrane of the throat, to which I refer, may occur at all ages, but happens most commonly in the periods of youth and middle age, especially to those whose occupations expose them to inclement weather. It commonly begins with a sense of fulness and increased heat about the fauces, aggravated by taking cold, and constituting in itself a great susceptibility to catarrhal complaints. There is an increased secretion of phlegm from the throat, which is chiefly troublesome in the morning. On looking into the throat it appears congested, and covered with blood-vessels, assuming arborescent shapes, and forming a striking contrast in colour with the pale mucous membrane of the cheeks and palate. When this state has existed some time it extends to the nasal cavities and the guttural passages, producing a sensation of stuffing up both in the nose and ears; of course caused by the increased secretion of mucus and the thickening of the lining membrane. It is in this, the first or inflammatory stage, that deafness makes its appearance; and by the aid of catheterism the progress of the morbid state can be accurately traced. During the first stage the affection of the throat is the most prominent symptom."

These views so emphatically pronounced, have constituted the basis of my aural practice up to the present time—nothing has ever been said to invalidate, but much to confirm their truth, and had pathological dissection alone been required for the elucidation of the theory, Mr. Toynbee, the industrious dissector of more than 1,000 ears, following in my wake, has supplied most ample evidence in its favour. Supposing at the outset of my career I had written to that unexampled dissector of the ear, words to the following effect, which by the bye, I most likely should have done, had his existence and predilections been known to me:—

"Dear Sir,—I hear that you are investigating with much industry the post-mortem appearances of diseases of the organ of hearing. Doubtless, you have read my publications on the subject, and have observed how much I dwell on the morbid conditions of the mucous membrane, and the extension of disease in that membrane to other tissues. I shall be glad to find that your researches will prove of more utility than the few dissections I have myself made to clear up the subject."

I might at the same time have called his marked attention to the conclusions at which I had arrived, embodied in the following words:

"In nine-tenths of the cases which come before the aural practitioner, deafness will be found to have originated in a morbid affection of the mucous membrane lining the throat, nose, and ear; and according as the disease terminates in simple thickening of the membrane, in adhesions, in partial or total loss of the membrana tympani, in disorganization of the whole mucous lining, in loss or anchylosis of the ossicula, or destruction of the inner membranes of the fenestræ, so is the deafness more or less intense and confirmed."

As an honourable man, Mr. Toynbee would no doubt have responded that "he had read my contributions with great pleasure, that in his investigations my opinions would not be forgotten, and that if the result of his dissections confirmed them, he would not fail to give me full credit for my anticipations."

Mr. Toynbee was at that time a student of Anatomy at the College of Surgeons, assisting the curator in the Museum, and I believe had then only perpetrated one act of authorship, in which he attributed the poisoning of one or more individuals in a family, to the eating of rancid bacon at breakfast! It must be confessed that the

reading of that article did not leave a very favourable impression of the reasoning powers of the writer, for cause and effect were by no means made evident. I confess also that I did not afterwards look for much help in the better treatment of diseases of the ear from such a coadjutor as Mr. Toynbee. After twenty years, can I retract my judgment? Admitting that all the dissections have been made, as stated, what has been the result? Catheterism of the Eustachian passages, excision of enlarged tonsils, and the local treatment of the throat, are the natural concomitants of my views respecting the mucous membrane,—they are not the result of dissections, indeed my contemporary, as I shall show in the course of these papers, absolutely throws cold water upon such modes of treatment! What good has come of his dissections?

How sadly too, have the aspirations of the Dublin surgeon, Wilde, been falsified! Ten years ago, thus wrote that distinguished luminary:

"The labours and investigations of Mr. Toynbee have effected more for aural pathology than those of all his predecessors either in England or on the Continent. He commenced at the right end, and has travelled in the proper direction. He has brought to bear upon the subject the true principles of science, and with the assistance of the microscope,—the aid of every modern artistic appliance to assist him,—accustomed to habits of minute dissection, patient research, and careful observation,—he has accumulated a mass of facts upon the morbid anatomy of the organs of hearing that must lay the foundation for a more rational mode of treating the diseases of those parts than has heretofore been resorted to. Mr. Toynbee has already recorded the results of the dissection of the ears of about 750 persons sent to him for examination, but of which number *not more than sixty or seventy* were from persons the history of whose deafness was known."

Thus placed on a pedestal of fame by his friend Wilde, Mr. Toynbee finds himself in the very next sentence laid prostrate by the same friendly hand:

"Mr. Toynbee has laboured extensively, and with effect, to discover and describe the post-mortem appearances which disease has produced in the organ of hearing; and I trust he will long continue to prosecute, with the same avidity, the same honesty of purpose, and an equal amount of critical acumen, his valuable researches. Morbid anatomy, however, is one thing—pathology another. The dead subject upon the dissecting-table teaches the student not disease, but the results of disease. It avails little that the hospital pupil should have pointed out to him, in the dead-room, the violence which sudden accidents may have caused, or the ravages which slow disease has produced in the various organs or textures of the body; it matters not to what extent the microscope may exhibit the wide-spread lesion, or chemical tests disclose morbid products, unless the cases have been observed during life, and the progress of disease previously noted at the bedside. Therefore it is that the School of Vienna,—where a dozen bodies from different parts of the Great Hospital, but the histories of which are unknown, are sometimes cut up, and their post-mortem appearances displayed in the lecture-room on a morning,—may, under the able teaching of Rokitansky, Engel, and others, teach morbid anatomy (pathology so called), *but does not produce many practical physicians.*"

Up to the present moment Mr. Toynbee is disentitled to be restored to the position intended for him, for with all his dissections he has certainly failed "to lay the foundation for a more rational mode of treating diseases of the ear than has heretofore been resorted to," unless it be considered that the use of the acetum cantharidis in lieu of the Emplastrum lyttæ is an advance "in the right direction."

But now comes the climax of Mr. Wilde's unfairness. After a disparaging critique of my own labours in the cause of aural surgery, after elevating his friend Toynbee only to kick him down again, he yet finds that the labours of that gentleman have not been altogether fruitless for himself, for he says:

"Mr. Toynbee's researches prove the position which *I* long ago advanced, and which from year to year *I* have been in the habit, not only of teaching theoretically, but practically demonstrating in my clinical lectures,—that the great majority of diseases of the ear producing deafness have their origin in inflammations of one kind or another. Every day's experience confirms me in this opinion; and the cases which *I* now publish will, I think, corroborate that view of the subject."

Now, reader, I will ask in all fairness, after reading the extract reprinted from the 'Med. Gazette,' at the commencement of this paper, which of us, Mr. Wilde or myself, has most right thus to speak? It is a rather startling fact, that Mr. Wilde in enumerating my various contributions to aural literature, omits all mention of my papers specially addressed to the Profession, in the 'Medical Gazette,' in 1841. When will honesty, one towards another in the Profession, be the rule instead of the exception?

(To be continued.)

AUTOPSY OF A CASE OF ARTIFICIAL ANUS IN THE GROIN,

SUCCESSFULLY TREATED SIX YEARS AGO.

By Robert Fowler, M.D. Edin.

In the Medical Circular of February 23, 1859, I fully reported this case, which occurred in my private practice during the early months of 1857. Owing to the death of the patient, I am now enabled to complete the history of the case, with an account of the autopsy of the parts involved.

On May 4, 1857, I ceased my attendance on the patient who, at my direction, had supplied herself with one of Bourjeaurd's hernia belts and pad.

The next entry in my note book is as follows:—1862, May 9th. She has continued to wear her belt till about one month ago, when she made an apparatus of linen which she found more comfortable. She has remained perfectly well, and has daily performed all her duties as housekeeper until lately. Owing to her increasing feebleness (being over ninety years of age), she has for some months discontinued going out upon her daily errands.

On the evening of this day she was seized, and fell down at supper, with a fit of insensibility.

Upon my arrival she had recovered consciousness, but was perfectly hemiplegic on the left side, and unable to speak intelligibly.

10th. She had rallied, and could speak better.

She gradually improved in her power of speech, and gained some slight motion of her leg. The arm remained completely paralysed until a few weeks before her death, during which time she was enabled to slightly move her fingers.

Sept. 12. She died quietly at midnight, with scarcely any warning of getting worse.

Post-mortem examination sixty-three hours after death. Body, specially the belly, decomposing.

Right femoral region.—Externally there was a small depressed cicatrix over the site of the artificial anus. The opening of the femoral ring into the abdomen was apparently obliterated; and to the puckered peritoneum about its position, a portion of small intestine (six feet by measurement, from the ileo-cœcal valve), was adherent at its convex border by means of a small fibrous cord, which was about half an inch long, and a quarter of an inch in diameter. The internal epigastric artery was half an inch external to this cord. The calibre of the intestine was not at all diminished at the attachment of the cord; a little puckering of the mucous membrane, which presented a small semi-lunar projection, exactly opposite the exterior adhesion being the only change noticeable internally.

In the left femoral region there existed a hernia which, on being incised, displayed a cavity, capable of holding a small orange, but containing merely a piece of omentum, adherent to the upper and outer edge of the femoral ring.

Remarks.—In my aforesaid report of this case I gave the age of my patient as "eighty years." Just prior to her death she brought out from amongst her *arcana arcanorum*, a sampler, which she had herself worked when a child. The date worked on this sampler was 1778, and it further stated that the worker was then 11 years of age. My patient must, therefore, have been ninety and not eighty, when she so wonderfully and completely recovered from this serious injury to one of her important organs.

The opinion that I formerly expressed that "the strangulation included a portion only of the calibre of the intestine;" and consequently that "the gangrene occupied a part only of the diameter of the gut," is justly verified by the fact, that after death the internal capacity of the tube was found entirely undiminished.

My diagnosis as to the probable locality of the Sphacelus was however erroneous. In my aforesaid report I observe:—"The nature of the discharge from the unnatural orifice shows that the strictured protrusion was near to the inferior end of the intestinal canal; and, indeed, saving that the antecedent symptoms were (as far as I can judge from the patient's history), of a milder nature, the whole case bears a strong resemblance to two instances detailed by Mr. Hey, of which he states 'that there is little reason to doubt that the prolapsed portion of intestine was the head of the colon.'"

I must confess I was surprised to find that the communication with the interior of the intestine had been at a point so distant as six feet on the stomachic side of the ileo-cœcal valve.

On more than one occasion I had myself seen "solid pieces passing in large quantities through the orifice." That the fæces had not regurgitated through the ileo-cœcal valve is evident from a circumstance I had noticed during the progress of the case; and had thus commented upon in my report:—"Finding that this discharge increased whenever the patient inclined her position towards the *right* side, I directed her to lie chiefly on her left, and by this simple change of posture, giving, I presume, a slight check to the agency of gravitation, the flow from the wound very considerably diminished."

It would therefore appear, that true fæces are formed, and fæcal matter is secreted in the lower portion of the small intestines.

THE MEDICAL CIRCULAR.

WEDNESDAY, MARCH 25, 1863.

TO OUR READERS.

The readers of the MEDICAL CIRCULAR are informed that increasing private engagements have caused the Editor of this Journal—Dr. Ross—to retire from its active superintendence. From the first number to the present he has unintermittingly exercised the editorial functions—with what acceptance, it is not for us to say; but he has at length found it necessary to seek some relief from the constant pressure of his literary avocations. That he will continue to feel a deep interest in the prosperity of this Journal, it may be superfluous for us to state; for it is natural to all men to desire that the work of their hands should be rewarded with a continually-increasing approbation.

It is unnecessary to dilate upon the spirit and purposes manifested by this Journal during the past eleven years; nor would it be agreeable to the late Editor to expatiate in a laudatory vein of a work whose history stands recorded in its own pages. The Journal might have been better—perhaps, and we hope it will be kindly added, that it might have been worse. It has encountered powerful opposition, and had no weapon wherewith to defeat it, but a reliance on the Profession's respect for a frank declaration of the truth as it was apprehended by the writer, and an unswerving determination to maintain those principles which, however spurned at first, would, it was hoped, be accepted ultimately as the wisest, best, and most lasting. It is with peculiar satisfaction we add that at this moment there is not a single principle of policy, either in corporate government or hospital management, which has been upheld by the MEDICAL CIRCULAR that is not adopted in practice or advocated by our contemporaries as in itself reasonable and legitimate.

The successor to Dr. Ross is a gentleman of great talent and scientific knowledge, combined with much experience of literary duties, and we have a confident expectation that the MEDICAL CIRCULAR will continue, under his guidance, to win that support with which it has hitherto been so generously favoured.

MEDICAL AUTHORS AND MEDICAL PUBLISHERS.

Oh! that we could rise from the grave one hundred years hence, to compare the respectability and status of the members of the Profession then, with that which they hold at present. Sometimes we have our misgivings on the question, and reflecting on the homœopaths, the mesmerists, the grape-curers, *et id genus omne* of the present day, with their similia in embryo as so many demons fastening upon our vitals, and undermining our progress, we find our hopes forsaking us, when a great fact like the 'Medical Directory' comes to our rescue and we breathe again. To the foresight and enterprise of Dr. Yearsley, the Profession should never forget they are indebted for this boon, which knits us together, and presents a bulwark by which the public recognise us as a united body, whose mission is the subjugation of disease and the welfare of mankind.

We cannot forbear calling attention to another event which has lately happened, calculated also to advance or to mar as the case may be, the future of the Profession in public estimation. We remember the day when a Medical author of note would never have thought of a publisher out of Paternoster row—the great houses of Longman and Co., of Simpkin and Marshall, and one or two others, absorbed the authors in every Profession—but specialties in trade are now as defined as specialties in the professions; and we as naturally go with our Medical manuscript to a Medical publisher to launch the product of our brains, as we go to an eye or ear doctor to relieve us of any defect in those localities. The Profession is fortunate in having several Medical publishers who do honour to their calling. At the head of them stands out prominently John Churchill—we have known him throughout his career, and, doubtless, like most of us, he has done many things which would have been better left undone. We are not going to criticise his past; it is with the present we have to do, for he has recently committed an act, which, as we have said, may advance or retard the upshot of the Profession far more than, on first thought, may be thought possible. He has added two young publishers to our specialists in that department, in the persons of his two sons—that is to say, he has taken them into partnership. It is an event, we say, of more importance to the Profession than may *primâ facie* be so considered. We have lately seen with what tenacity a certain quack-doctor held on to the privilege which he had furtively obtained of appending a respectable Medical publishers' name to the advertisement of his book, and we have no doubt the man was right in his estimation of the guarantee which is afforded to the public by the affix of a good name as publisher. Suppose, then, our young friends were deficient in the powers of discrimination, suppose they adopted the maxim of "all fish are good which come to net,' and prostituted their good name at the shrine of mammon, how damaging would be such conduct to the interests of the Profession! Happily we have no fear on this head—the sons have profited by the training of the father in his best and palmiest days—we have the pleasure of their acquaintance, and we can say that morally and intellectually they are above the average of their craft, and could the wish with which we set out be vouchsafed to us, we believe that our hopes for the future of the Profession would be most surely realised by seeing the grandsons of such men occupying their places in this whirligig world. We congratulate the Profession on the event, and wish success to the house of 'John Churchill and Sons.'

SUMMARY OF THE WEEK.

ST. THOMAS'S HOSPITAL.

It is reported that the arrangement which certain advocates of the erection of the new St. Thomas's Hospital on the site of Bethlehem were anxious to effect, cannot be carried out, inasmuch as the site offered *free* by the owner of land in Surrey, is found to be quite unsuitable for the Asylum, and has been already twice rejected. We are told "not to look a "gift horse in the mouth," but in this case it would have been wrong to have respected the proverb. "*Timeo Danaos, dona "ferentes,*" is an equally sound maxim.

It is, we believe, decided that the new hospital shall be constructed of separate blocks—this is, in fact, our *Cottage* plan, for large institutions—and it is discovered that the site of Bethlehem is not spacious enough for the purpose. In our opinion, no block should contain more than twenty patients, and no ward more than three; whether the cottage plan will be carried out to this extent or not, we cannot tell; but, at least, we are gratified to learn that—what the Directors prefer to call the "block" plan—as at Lariboisière—will, in all probability, be adopted. A little pamphlet has been forwarded to us by Mr. James Adams, a Governor of St. Thomas's Hospital, who

shows clearly that the site of Bethlehem is too small and inconvenient in its form for the contemplated new Hospital. He prefers the "Surrey Gardens," and undoubtedly it is the more desirable site, of the two. We quote Mr. Adams's remarks on the cost and practicability of the Bethlehem project:

"There is some doubt as to the practicability of obtaining legal or parliamentary powers for occupying the site of Bethlehem otherwise than as an insane asylum. But, supposing this difficulty overcome, the estimate for the cost to St. Thomas's of purchasing a new site, building a new Bethlehem Hospital, &c., is variously estimated at from 145,000*l.* to 160,000*l.* Law and parliamentary charges would of course swell the cost, which is, in fact, virtually unknown. But this much is known, that in addition to the minimum of, say 150,000*l.* for obtaining possession of Bethlehem, there would be an additional expense of at least 40,000*l.* involved in leaving the present site:—*e.g.*, (1) The authorities have spent some 15,000*l.* in adapting the place to their temporary purposes. This would have to be sacrificed in case of leaving. (2) A large sum would have to be paid to the proprietor, as compensation for the alterations. (3) As many years must elapse before St. Thomas's could be removed to Bethlehem, the removal involves a further expenditure, very moderately estimated at 25,000*l.* in the shape of rent—all which would be saved by the present site being permanently purchased, and the necessary measures for reconstructing the new hospital commenced, without delay.

"This brings the minimum cost of leaving the Surrey Gardens and going to Bethlehem up to 190,000*l.* The total and defined cost of the Surrey Gardens (including 17½ acres of the most convenient shape, to 11 acres of the most inconvenient shape at Bethlehem), is 104,000*l.*; so that the cost of the inferior and inapplicable site, where it is confessedly and physically impossible to construct the hospital on expansive and improved principles, is nearly double that of the ground now occupied, and which is adequate and well adapted in every way to the most important objects and extensive prospects of the institution.

"Supposing, therefore, the protracted negociations with Bethlehem to result in the latter being taken for St. Thomas's, that result would be *to abandon a superior site in order to pay double price for one not only inferior but palpably unfit.* Could this be justified by prudence, economy, and regard for the interests of the public?

"A period of eight years at least, would intervene before the patients of St. Thomas's could be received on the site of Bethlehem. There would be the delay in obtaining powers; in building, fitting, and furnishing the new Bethlehem Hospital; and then would come the removal of the insane patients. After all this there would still remain the great work which ought to have been finished long before, *and which ought, in fact, to have made considerable progress before now*—that of rebuilding St. Thomas's Hospital itself. And would not the Governors of St. Thomas's incur deep and deserved blame for thus postponing or rather neglecting their own duties, and the interests of the poor and of their own institution, whilst waiting upon the movements of another establishment? Great injury has been already inflicted upon the sick and afflicted poor by the partial suspension of the useful functions of St. Thomas's. The present temporary structure makes up only 200 beds. The new building, as planned on the Gardens by Mr. Currey, will make up 600, and this noble structure could be commenced at once, and without removing the patients from their present abode. Would it not be a lamentable thing—an evil of great magnitude in itself—to exclude 400 poor patients, or more, from refuge and succour for a period of six years at least longer than there can be any necessity for such exclusion, and *with the result, after all, of erecting, at nearly double the cost, a radically and hopelessly inferior Hospital?*"

MR BRADY'S BILL.

We regret that Mr. Brady has found it necessary to postpone the second reading of his Bill, a copy of which we printed in our last number. It appears that the clauses were incomplete as to some details, more especially with reference to the confusion of the terms contagious and infectious, certain honourable members, who appear to have possessed a peculiar knowledge of such matters, objecting that any one who might be surmised to be suffering from his sacrifices to Venus, might be refused a ride in a cab! The authority also, who was to decide upon the sufficiency of the number of cabs provided by the local Board, was not designated.

RUSSELL *v.* ADAMS.

The 'Medical Times and Gazette' contains a copy of correspondence relating to this trial. It is quite time that Mr. Propert clearly stated his precise position in this affair. His continued silence gives pain to his professional brethren.

REVIEW OF THE PERIODICALS.

The 'British Medical Journal.' Dr. Thomas King Chambers puts in his rejoinder to Dr. Beale's criticisms. Dr. Chambers explains his meaning of the phrase "disease," upon which, as we remarked, this great controversy chiefly hangs. He quotes Pereira in support of his proposition "that every state of body which is not health is disease." But what is health, most learned Theban? Alluding to Dr. Beale's objection to his theory that disease is best treated as a deficiency of life, he says:

"The fact that diseased parts are often increased in solid bulk is of serious import, and suggests two questions, both of very practical bearing:—

"1. Does augmented bulk imply augmented general life in the individual?

"2. Does it imply augmented local life in the part affected?

"To the first question, a sufficient answer may be found in any of the medical or surgical wards of a hospital. It is not the burly, full-pulsed, red blooded man of large appetite and great muscular power that is most likely to exhibit a specimen of solid morbid matter, but the starved anæmic, quivering at a breeze or a blow.

"In what corpse do you find the greatest weight of fibrine thrown out in the peritoneum in the shortest possible time? In one dead of puerperal fever—that is, in the weakest sex at the period of its greatest weakness.

"In whom is rheumatic fever most likely to cause pericarditis, with its great masses of morbid matter? In the young overgrown person, especially if a female, more especially if an overworked, underfed maid-of-all-work, and still more especially if vital power is lowered (as M. Edwards has shown it to be) by cold.

"In whose heart do the consequences of this pericarditis most rapidly induce enlargement? Not in the well-fed and well-clothed; but at the same weakly time, in the same weakly sex, and under the same debilitating circumstances as the original lesion occurred.

"Cancers and other tumours are found of quickest growth and most frequently in the least lively bodies, in the least lively parts, in the idle uterus, in the unused breast, in the cellular tissue, in scars, in parts half killed by wounds, injuries, or previous disease."

Following this article, we have a continuation of Dr. Beale's lectures on the *First Principles of Medicine.* He treats of the vital changes occurring in the mucus-corpuscle. We have quoted this article. Dr. Walker continues his articles on the *Laryngoscope* in the same journal.

The 'Lancet.' Professor Huxley's second lecture on the "Vertebrate Skeleton" appears in this number. This is followed by Dr. Radcliffe's lectures on the "Brain and Nervous System." Both these lectures are elaborate and highly interesting. Mr. Holmes reports three plastic operations for remedying deformity of the neck arising from burn. Mr. Broke Gallwey relates a case of "Laryngitis in an Adult" in which tracheotomy was successfully performed, and Dr. Junius Hardwicke reports a case of "Encysted Tumour" in the vagina impeding delivery. It was tapped, and the child delivered by means of the forceps.

The 'Medical Times and Gazette.' Professor Huxley opens the pages of this journal also with the second of his lectures on "Classification." A lecture by Mr. Carsten Holthouse on the "Diagnosis of Hernial and other Tumours of the Groin and Scrotum" contains many practical points. Dr. Ramsbotham's notes of cases in "Clinical Midwifery" are continued. He gives various cases of convulsions. Dr. Kenneth Macleod reports various cases in which he has administerd "hydrocyanic acid" for allaying irritability in insanity,—a mode of treatment to which we referred last week. Mr. Hulme reports a case of "Ovariotomy" in which peritonitis set in, ending in death on the ninth day.

The 'American Medical Times.' Dr. Detmold's lectures on "Military Surgery" are continued. There is also in this journal an interesting "Case of Ulcer of the Duodenum in a severe case of Frost-bite," by Mr. Samuel Adams. The same pathological condition occurs in the case of severe burns. It would be desirable to know, as the writer remarks, whether the same pathological incident is common to the two affections.

SOME REMARKS ON GONORRHŒA AND SYPHILIS.

By Maurice Henry Collis, M.B., L.R.C.S.I.,

Surgeon to the Meath Hospital and County Dublin Infirmary; Member of Council R.C.S.I., and of Council of Surgical Society.

Although few persons will now pretend to add much to the symptomatology or treatment of gonorrhœa and syphilis, yet all will allow that there is still room for the honest records of experience in both departments. As I have ventured to show, in the pages of this Journal, there is no domain of surgery in which dogmatic assertion is so prevalent a feature: and where dogmatism is found to exist, much imperfection of observation and uncertainty of action may fairly be suspected. Such must be my apology for writing on a subject so hackneyed, and of which most practitioners will think they have already had more than enough. I do not now presume to do more than state the results of a very moderate experience in the treatment of uncomplicated forms of gonorrhœa and syphilis, founded not alone upon my own practice, but upon such observations as I have been able to make of the practice of others.

Dr. T. Chambers asserts that gonorrhœa, if let alone, will get well spontaneously in two or three weeks. Certainly the milder forms get well on surprisingly little treatment. For years I have not given either cubebs or copaiva at all. They are, perhaps, useful drugs, but I have not found it necessary to use them; the disease, as I have met with it, admitting of a ready cure by less unpleasant remedies. In persons of full habit and great vigour I generally give a saline purgative at the commencement, followed up by minute doses of tartar emetic, if there be much constitutional disturbance or a tendency to high local inflammation. Cold affusion will also be of service in these cases. The main treatment, however, is by injections; not heroic solutions of nitrate of silver, which are eminently uncertain and dangerous in their action, but by weak, and frequently repeated, solutions of alum. The rule for applying injections is simple;—If the inflammation be severe, let the solution be weak and frequently used; if it be of chronic type, let the solution be strong and seldom used. This is the key to the successful use of injections; and not only is the rule applicable in gonorrhœa of the urethra and of the conjunctiva, but it may be extended (with necessary modification) to treatment of all inflammations, and to the use of internal remedies as well as external applications. Indeed, I think, a similar rule may be traced in the effects of all stimulating applications, whether general or special, in the use of tonics, astringents, and sedatives; so much so as to convey to my mind the existence of a general law regulating the actions of a large class of remedial bodies. The terms of it would run something in this form:—"The more acute the disease, the more frequent and the weaker the remedy; the more chronic, the stronger and less frequently applied."

The astringent on which I chiefly rely for the cure of gonorrhœa—is alum. In the most acute form of gonorrhœa, when the discharge is profuse, thick, and glutinous—the lips of the urethra red, villous, and pouting—the patient should be directed to pour a small jug of cold water over the organ, and immediately inject a syringeful of solution of alum of the strength of half a grain to the ounce. This injection is to be repeated every half hour for the first day, and as often at night as the intervals of sleep will allow. In all probability, before 24 hours have elapsed, the secretion will be lessened in quantity, and somewhat thinner; the local heat, swelling, and redness will have abated; and the ardor urinæ will have almost disappeared, if the saline purgative and the tartar-emetic have been used along with the local treatment. The injection may then be increased to a grain to the ounce, and used every hour; in all probability, after the lapse of 48 hours more, the discharge will have ceased entirely; the injections, however, must be continued for another week or two—but at the strength of half a drachm to the eight ounces—three times a day; otherwise a relapse may occur, which will be harder to cure than the original clap.

Four objections are made to this plan of treatment:—The difficulty of carrying it out in its integrity; the irritation produced at the orifice of the urethra by the repeated use of the syringe; the liability to cystitis, by the gonorrhœal fluid being carried into the bladder, and the inefficiency of such weak solutions.

To the last objection I can only oppose my experience, backed by the evidence of such surgeons and pupils as may have observed my plan of treatment at the Meath hospital for the last eight or ten years. Besides, reliance is not exclusively placed on the injections; the lower effects of the purgative and tartar emetic must be taken into account.

Cystitis is not likely to occur, because the proportion of alum is quite sufficient to destroy the infectious character of the pus by coagulating it, and to leave a residue for astringent action on the urethra besides. Injections of plain cold water might otherwise be used at the outset, in place of the alum, but for this risk of cystitis. It has, however, happened, that such injections have set up inflammation of the bladder, by sending on an unaltered pus into that organ, and, consequently, I have always added to the water a sufficiency of alum to prevent that accident.

Irritation of the orifice of the urethra, in consequence of the frequent use of the syringe, is to be avoided by having a very smooth syringe of glass; by only introducing it so far as is absolutely necessary, and not letting the point enter as high as the ridge corresponding to the corona glandis; and by douching with cold water before and after syringing.

Lastly, there is, no doubt, difficulty in having these directions fairly carried out, for obvious reasons; but the case I have supposed is an extreme one, in which some degree of confinement will be unavoidable and consequently this difficulty will be more easily met.

In the commoner forms of gonorrhœa, where local inflammation and general fever are not severe, and where the dischage and ardor urinæ are the only sources of discomfort, little internal medicine need be given—a purgative pill or so if necessary, and a few drops of liquor kali in gum-water or camphor mixture, with a pill of hyoscyamus, camphor, and morphia at night, will be enough. Here, however, the judgment of the surgeon will be called into play in each case to apportion the strength and frequency of the injection. The general rule has been given above; in carrying it out, the amount of discharge—its condition purulent or half mucous—the appearance of the orifice of the urethra—and the amount of ardor urinæ will guide us. If the discharge is still abundant, puriform, and accompanied by redness of the lips of the urethra, and by considerable scalding, we must use weak solutions (eight to twelve grains to the eight ounces of water), every second, third, or fourth hour; but if, on the other hand, as will occur in old stagers, the discharge is half mucous, the lips blue, the scalding not complained of much, we may advance in strength to a drachm, and diminish in frequency to three or four times a day. If a syringeful is injected we may spare our patient much of the unpleasant scalding by injecting before micturition.

This treatment will cure an ordinary gonorrhœa in from four days to a week—at least, it will in that time stop all discharge; but, as in the acuter types, the injections must be continued for several days lest a relapse occur, as is sure to be the case after excitement or errors in diet, and sometimes without such provocation.

Gleet, the opprobium of this branch of surgery, is not unfrequently kept up by over-anxiety to cure it. The introduction of a bougie smeared with lard and dusted over with powdered alum, or a single touch of nitrate of silver by means of a *porte caustique*, not repeated more than twice, and at an interval of a week, will sometimes succeed, provided nothing else is done in the interval, and the organ get sufficient rest. I have occasionally cured a gleet by first administering muriated tincture of iron and tincture of opium, in doses of fifteen drops of the former to five of the latter, three times a day, and thus rendering the discharge more genuinely puriform. When this effect follows, a spontaneous cure will sometimes arise; and if not, the injections of alum will often now succeed, though they previously failed.

The objections made, with some justice, to the use of strong solutions of nitrate of silver, do not apply to alum. Stricture, inflammations of the prostrate or bladder, are manifestly unlikely to arise from the plan of injection which I have found sufficient; both the material and strength at which it is used are much milder than even a very moderate solution of lunar caustic; and even at full saturation, or when applied in substance, alum is a simple astringent, reducing the calibre of vessels and contracting redundant tissue to natural dimensions, not destroying it in any degree, as nitrate of silver does, nor producing a cicatrix with the contractile tendencies of a burn.

Gonorrhœal Ophthalmia.—This affection—so formidable to the surgeon to deal with, and so fatal to the usefulness of the eye—yields with marvellous rapidity to repeated weak injections. The inflamed and œdematous conjunctiva being punctured, or snipped with the scissors if necessary, a careful student can be put beside the patient'a bed, and shown how to send the contents of the syringe underneath the upper lid, from the external canthus across the eyeball. In the most acute cases a solution of a quarter of a grain of nitrate of silver to the ounce of distilled water should be used every ten minutes, for the first hour; after that a half-grain solution should be injected every half hour. If this is carefully carried out for the first twenty-four hours, the patient's eye will be quite safe. A stronger solution may then be used; and, if needful, it may be followed, in a couple of days, by Guthrie's ointment of nitrate of silver, if the vilous condition of the conjunctiva should seem to require it. I have followed this plan of treatment generally, for at least nine years; and in that time I have never lost an eye from gonorrhœal ophthalmia, with one exception: in that case the pupil in charge broke the syringe, and, thinking it a matter of no importance, he waited for twenty-four hours to get it replaced; by this time the cornea had sloughed in one point, and the iris protruted. The man, however, was so fortunate as to recover, with comparatively slight injury to sight. Such surgeons and pupils as followed any of these cases have been struck with astonishment at

the facility with which this formidable affection is cured. I cannot at this moment remember to whom the credit of weak injections of nitrate of silver is due; my attention was drawn to it by seeing the failure of the heroic treatment, which sacrifices nearly 50 per cent. of eyes in whole or in part. I found, however, that the weak solutions were insufficient for the cure of the disease unless frequently applied.

Syphilis.—The observations of most surgeons will confirm Ricord's doctrines on the variations of syphilis, as modified in his later years, and rendered familiar to us in the writings of Lee and others. I use the term variations as a better one than varieties, because it does not dogmatically assert a variety of poisons. This necessity for a variety of poisons, instead of a variation in the poisoned, seems to me the weak point of the Ricordian theory. Indeed, Ricord himself recognises the individual as the modifying agent of the infection; and we may fairly give our consent to the view that both the source of the poison (an individual) and the place of deposit of the poison (an individual) impart peculiarities or individualities to the poison in each case. Accepting this view, and bearing it in mind, it matters less whether, for convenience of memory, we use Ricord's, or Lee's, or any other man's grouping of individualities into classes. Carmichael's groups were too fanciful, ran too much to an extreme fineness for truth; so also are, and must be, all systems. They are generally true, critically false, and much of the virulence of opposing systematisers is due to forgetfulness of this fact. Such being my creed, and reared, as I was, in the practice of a school which considered mercury as a *sine quâ non* in all cases of syphilis, I may, perhaps, incline too much to the opposite conclusion, that syphilis and mercury not only have been, but still are, too much regarded as opposing forces—that mercury is not a specific for syphilis in any proper sense of the term, and that, in the large proportion of cases of syphilis, no mercury need be given whatever; while in the remainder it is to be given on the same principles and in similar doses as form our practice in other diseases. I do not believe mercury to be required at all in soft chancre, as a rule, unless the use of black wash, to heal the local sore, deserve the name. Soft chancre is so seldom accompanied by any constitutional disturbance that it requires little internal medicine; a blue pill may be needed once in a way, as in any complaint, to regulate the liver. When secondaries follow soft sores, they are so mild as to get well with very slight measures; and I am quite sure I have seen mercury, even in what is called moderate doses, do harm in such cases. Tepid salt-water baths, and small doses of the iodides of potash, and, if necessary, of iron, a little bark, some chlorate of potash, cod-liver oil; or, if a case be at all obstinate, a mixture of iodine, iodide of potash, and arsenic, after the formula given by Neligan, (*a*) have succeeded in the few cases of secondary roseola or pityriasis which I have met with after soft chancre. Cleanliness and simple lotions will cure the local sores. Mischief invariably arises in these cases from allowing the purulent discharge to accumulate, become acrid by decomposition, and produce excoriation; frequent washing with water, and slightly astringent lotions, will effect a rapid cure.

Of the local complications which arise with soft chancres there is no need to write. Phymosis, bubo, warts, &c., are subjects on the treatment of which no very material difference of opinion exists; buboes, indeed, may be opened by a puncture, if they be seen when the skin is still sound; but when it is undermined, a free incision will probably be needed; but of this every surgeon will readily judge in each case for himself.

It is essential, for the proper and scientific treatment of any disease by a given medicine, that he who uses it should thoroughly understand its mode or modes of action. Does mercury act on constitutional syphilis chemically, destroying a poison which circulates in the blood, or which is deposited through the tissue? In other words, is it an antidote? or does it cause the elimination of such a poison through its stimulating effects upon eliminating organs? Or again, does it so improve the organs of nutrition that they supply a healthy pabulum which shall displace what is diseased when this latter is worn out? Or, lastly, does it cause the death of tissues enfeebled from the moment of their organization by the debilitating effects of an animal poison? And, as regards itself, is it eliminated along with the dead tissues, or does it remain in the system to influence subsequent nutrition for good or evil? Some pathologists may hold to one view, some to another. For myself I must confess I do not believe mercury to be a specific or an antidote, in any sense, to syphilis. I do not believe it improves the assimilating powers; I do not believe it has the power of eliminating the poison through natural organs; but I do believe that it acts as a poison on feeble and illorganised material; and that if not itself expelled from the system, it will exercise an influence for evil upon subsequent nutrition, proportioned to the amount that has been introduced into the system, and the feebleness of the individual. Doubtless we must be satisfied to argue a good deal from analogy as to its mode of action: but circumstances enable us to do so with almost absolute accuracy. We are fully acquainted with its anti-phlogistic powers, and we can almost see its mode of action in one form of venereal disease, so that it is not so presumptuous to conclude upon its general mode of action as might at first sight be supposed. In venereal iritis, by adminstering it in such a way as to cause its rapid absorption, we check the organization, as phrase goes—that is to say, we cause the death of certain lymph the which is effused from the inflamed and congested vessels of the iris, and so we save the pupil from being blocked up, the iris from contracting adhesions to the capsule of the lens, and from becoming permanently thickened and sluggish in its action. Here we have the power of seeing, in one case, what happens if the disease be allowed to run on unchecked, and in the other we can see with equal ease the effects of the mercury at all stages of its exhibition. Following, by analogy, its apparently similar action in peritonitis and other acute inflammations, we are justified in supposing that in these also it kills the lymph; we have other means of knowing that such lymph is degenerate, and capable only of imperfect organization. Again, we find that mercury, when administered in a suitable manner, will cause the absorption of certain deposits of lymph already more or less organized, as in the hardnesses of many chronic inflammations. Are we not justified in concluding that it causes their removal simply by depriving them of life, and leaving them free for the ordinary processes of removal? Finally, we find it exercise an active influence in the removal of the plaistic effusion which forms the essential feature of the hardened chancre and knotted bubo; and are we not justified by all analogy in concluding that the principle of its action is identical, in this case also, with what it is clearly proved to be in the other—that it wills the morbid lymph where deposited in the tissues? Can we go a step further and say if it exercises any similar power over lymph which still circulates in the fluid state? Here direct facts fail us; but if we look at the pale cheek of one who has been salivated, if we feel his wasted and flabby muscles, and note the slow beat of his weakened heart, we have good reason to conclude that the mercury has killed more than deposited lymph, and more than such lymph of feeble vitality as it found circulating in his vessels. Is it not, then, true, that in handling mercury we handle a two-edged sword, and that to wield it wantonly is to kill and not to cure. This much may certainly be affirmed—that every grain of mercury which is exhibited will kill its proportion of living tissue; and if there be no tissue enfeebled by disease, the energy of the poison must be spent on the destruction of the sound. Let no man say that a few grains of mercury too much are neither here nor there. The worst case of salivation I ever saw, short of death, was produced by six grains of grey powder, given in doses of two grains, on alternate nights, to a full-grown man. It was profuse and lasting, and brought the patient to death's door. No doubt he was a wretched strumous creature; and the surgeon was not to blame for the idiosyncracy which produced such unpleasant and dangerous results. The medicine was given as an alterative for strumous ophthalmia; but the case shows that a small dose of the mineral acts as a poison, and that the amount of mischief will depend upon the individual. To come, however, to the application of principles, I may fairly be asked, how is a hard chancre to be treated? and to this I reply, many have treated them not without mercury altogether, but with mercury where needed, and in conjunction always with remedies which will tend to obviate the almost unavoidable injury which mercury however carefully given, will do to the healthy tissues of the body. Such men tell us—and we have no right to question their truthfulness—that other medicines will produce the elimination of syphilised structure. Thus, Weedon Cooke gives instances in which hard chancre have been cured without a grain of mercury, the hardness disappearing, and no secondaries following.

For my own part, I must say that genuine hard chancres, as described by Lee, are comparatively rare; but in many cases a hardened base exists, which is very easy of resolution after the sore has been healed by black wash; for this purpose frictions with a weak ioduret of mercury ointment will suffice, or with mercurial ointment itself. Such forms of chancre are found most often in those of sallow complexion and greasy skin; and for them a few grains of blue pill (two or three grains) twice in the week, will be serviceable. The genuine hard chancre, with a base that is likened, by Ricord, to a piece of parchment under the skin, is very rare, and requires more mercury, or rather it requires a full dose (five grains of blue or Plummer's pill) twice a week, for two, three, or four weeks. In both cases the mercury may be continued until it begins to resolve the hardness, provided we see no signs of its acting as a poison. Should it produce pains in the bowels and diarrhœa, a quickened pulse, and loaded tongue, with symptoms of malaise, not to say febrile exacerbations, it must be laid aside—at least it ought to be. In any case, as a rule, I suspend the mercury the moment an impression has been made upon the hardness, and I

(*a*) ℞ Iod. potassii, gr. xvi.;
Idinii puri, gr. iv.;
Liq. arsenicalis, sc. iv.;
Syrupi aurantii flor. oz. ii.—Misce.

Every drachm contains five minims of arsenical solution, one grain of the iodide, and a quarter of a grain of iodine. I have found this combination most successful in obstinate psoriasis and pityriasis.—M. H. C.

allow the medicine which has already been taken to expend its energies completely before giving another dose. As long as the process of resolution goes on, further doses are not needed; but when it ceases they can be resumed. In this way I am careful not to give a brain of the medicine needlessly, and the patient's strength is husbanded. Rapid administration of mercury, in the ordinary method of three doses per diem, or even one dose every night, induces a febrile condition, with disturbance of the digestive powers; and it is well that such a result occurs, for by this means intestinal irritation is set up, and a large portion of the poison is got rid of in the excretions of the bowels, otherwise we should often witness the evil effects of the drug in breaking down the strength of patients. The medicines to which I chiefly trust as co-agents with mercury, in obtaining the removal of syphilized tissue, are, 1st, those which gently stimulate the skin, liver, and kidney; 2nd, the whole range of tonics, vegetable and mineral, with cod-liver oil, and generous diet, in debilitated or strumous habits. The iodides of potash and soda will often suffice to complete the work of absorption commenced by mercury; they are milder, though very similar, in their action, but are by no means so harmless as to be suitable for indiscriminate use. In those who have been previously overdosed with mercury they are useful, from their attraction to the periostial tissues, in which mercury seems to have a special aptitude for depositing itself; but, as the object of this paper is rather confined to the consideration of the more common and uncomplicated forms of venereal diseases, and to express my conviction that their cure is neither mysterious nor difficult, I shall not enter upon any of the more abstruse points connected with either syphilis or gonorrhœa. It will be enough to add, that in many cases where mercury has been abused, the organs of elimination are so deadened as to answer only to further doses of the mineral—all milder stimuli being ineffectual in stimulating their exhausted energies. In aggravated secondaries arsenic exerts a powerful influence, in combination with iodine and mercury.

In one form only of the disease—viz., the congenital—there seems to be no medicine but mercury capable of effecting a cure; this is plainly owing to the almost universal degradation of the tissues of the body. In such cases, as long as the medicine is required it is borne in larger doses, proportionately, than in any form of the disease in the adult. Where the appetite of the little patient has remained good, and its powers of assimilation unimpared, a rapid formation of healthy structure fills up the place of the morbid, which is removed by the aid of the mercury; but where the appetite fails, and cannot be restored by mild stimulants, the case is hopeless, the little one had better be let die in peace, than have its agonies increased by the superaddition of what will then become an irritant poison. In the hopeful cases of congenital syphilis, mercurial inunction by Brodie's stocking seems the mildest and most effectual mode of treatment. In suitable cases I have never seen it fail, either alone or with small doses of grey powder every night. Assimilation and elimination are rapid processes with the child; and to this is due the comparative facility of administering mercury beneficially in congenital syphilis.—'Dublin Quarterly Journal.'

CONGENITAL ABSENCE OF THE OS UTERI.

By Thomas Falcon, Esq., M.R.C.S.

On the 24th of January, 1862, I was summoned to attend Mrs. Johnson, of Pudsey, in her first confinement. I found the pelvic cavity occupied by a solid round tumour; the uterus, as I thought, distended by the fœtal head. I could not feel an os uteri in any direction, the vagina appearing to terminate in a cul de sac, both anteriorly, posteriorly, and in every direction where I could pass the finger high enough to feel the line of junction. I assumed that there might be some obliquity of the uterus, although there was no injurious pressure on the bladder, as the urine had been freely passed, nor was there any distension of that organ. The pains were forcing, and appeared not to be spurious. I exhibited an opiate which relieved her, and rendered her quiet for some hours. Strong pains returned again on the 25th and 26th, and after evacuating the bowels, had again recourse to opiates. At five a.m. of the 27th I requested a consultation, having been with her the whole of the night, during which time the pains had been strong and expulsive, it being now very evident that, unless delivery were speedily effected, exhaustion would rapidly supervene. Messrs. Lambert and Machill, surgeons, were summoned. Mr. Machill soon arrived, and made a careful examination. He failed in detecting any out-let from the uterus. After consultation on the case, we gave it as our opinion to the friends that any further delay would be dangerous, frankly confessing to them that it was a case which had not previously occurred to either of us in our practice, that there was no passage through which the child could pass, and that an operation would have to be performed, being the only method by which we could deliver the woman. The patient and her friends consented that everything should be done that was necessary. I passed up a bistoury wrapped round with adhesive plaster, leaving so much of the instrument bare as would suffice to penetrate through the uterus upon the palmar surface of the right index finger, thrusting its point through the uterus, and using my left forefinger as a director. I made a free incision backwards as far as I could do with safety, then reversing and using my right index finger as a director, I continued the incision forwards. The hæmorrhage which followed the operation was trifling. The uterus itself is not a very sensitive organ, as the patient, when questioned upon the subject after the operation, remarked that she did not suffer much pain from the operation. About noon of the same day, the head had passed through the incision made in the uterus, the pains from that time till evening having wholly ceased. I therefore delivered her by instruments, considering that any further delay would be dangerous, and that exhaustion might supervene. I requested Mr. Machill to introduce his arm into the uterus with the double object of extracting the placenta, and discover, if possible, any inequality in thickness of the uterine parietes. He reported that he could discover nothing like an os uteri internally, and that the uterus, as far as he could ascertain by the touch, was of an uniform thickness. Mr. Lambert, surgeon, who arrived after the operation had been performed, made an examination. He concurred in the propriety of what had been done. He fancied he felt a slight depression in one spot, but a bent probe which had been previously run over the part did not penetrate in the slightest degree. The patient, though somewhat exhausted, slept well during the night, and made an excellent recovery, and has enjoyed good health ever since. A medical friend informs me that a similar case occurred near Manchester some years ago, and was published in the 'Lancet.' I have not been able to find it. How was impregnation effected? According to the experiments of Harvey and De Graaf on animals, the semen has never been perceived in the cavity of the uterus.

Fulneck, near Leeds, March 16th, 1863.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Anniversary Meeting, March 2, 1863.

Dr. Babington, President, in the Chair.

The annual general meeting of this Society took place on the 2nd inst., and was attended by a large number of the Fellows After the ballot for the electing of the officers and Council for the ensuing year had been declared open, the Treasurers' Report for the year 1862, and the Report of the President and Council were read, from which it appeared that the Society continued in a state of great and increasing prosperity. The total number of Fellows, resident and non-resident, in the last Report was 630, and they now amounted to 642. The total ordinary income was 1,343*l.* 13s. 11d. against an expenditure, ordinary and extraordinary, of 1,090*l.* 9s. 4d., leaving a balance of 253*l.* 4s. 7d., which, added to a previous balance of 47*l.* 0s. 2d., and the amount of composition fees in lieu of further subscriptions, 57*l.* 15s., gave an entire balance of 357*l.* 19s. 9d. in the hands of the Society's bankers. There had been a loss of six Fellows by death and of four by resignation, and the Society had received an accession of twenty new Fellows, thirteen of whom were resident, and seven non-resident. The Report referred to the excellent results which had followed the appointment of Scientific Committees by the Society, as shown in the valuable Report of the first Committee on Suspended Animation, and mentioned that the Council had recently appointed a second Committee on the Uses, Effects, and Modes of Administration of Chloroform. The Council considered that the state of the income of the Society appeared to offer a further encouragement to extend as widely as possible the usefulness of the Society, and more particularly the labours of the scientific committees already so auspiciously commenced; by such means increasing the dignity of the Society, and realising the highest aspirations of the distinguished members of the Profession who founded it, and of those who had since watched over and fostered its growth. It was stated in the Librarian's Report that 266 new works (independent of journals and continuations) had been added to the library, and, an increase of room for journals and serials being required, that shelving had been added, capable of containing 1,800 additional volumes; also that a new feature had been added to the library, at the suggestion of one of the Fellows, Dr. H. G. Wright, in the shape of portfolios containing photographs of subjects of professional interest. A hope was expressed that Fellows possessing copies of such photographs would present them to the Society.

The Adoption of the Report was moved by Dr. Burrows and seconded by Mr. Curling. On being put from the chair, a discussion ensued, in which Dr. Greenhow, Mr. Charles Hawkins, Dr. Barker, Dr. Webster, Mr. Hilton, and Mr. Arnott took part.

Dr. Greenhow drew attention to what he considered the still imperfect state of the ventilation of the meeting-room, notwithstanding the alterations introduced the year before last, and hoped that

further steps would be taken to bring it to that state of perfection which a Society embracing so many Officers of Health amongst its members was entitled to expect.

Mr. CHARLES HAWKINS thought that the only remedy would be the enlargement of the room, which had been proposed at several previous anniversaries of the Society, and for which plans and estimates had already been made.

After some discussion, in which differences of opinion were expressed as to the real financial *status* of the Society, as shown by the balance-sheet, an amendment was moved by Mr. CHARLES HAWKINS, and seconded by Dr. STEWART, "That a meeting of the Society should be called on the subject, and that the plans and estimates obtained should be laid before the Society."

The PESIDENT took the sense of the meeting on the amendment and declared it to be lost.

After some further remarks, in which the speakers congratulated the Society on its flourishing condition, financial and otherwise, and more particularly on the successful introduction of the appointment of scientific committees, which were considered a most valuable addition to the Society's means of usefulness, the original motion for the adoption of the Report was put and carried.

The PRESIDENT then addressed the meeting, and after a few introductory remarks expressive of regret at taking leave of his colleagues and of the Society, from whom he had received such courtesy during his term of office, proceeded to a biographical notice of those Fellows who had been removed by death since the last annual meeting. These were six in number: Mr. Eusebius Arthur Lloyd; Dr. George Darling; Mr. Edward Stanley, F.R.S.; Sir Benjamin C. Brodie, Bart.; Mr. Peter Bossey; and Mr. John Gunning. He then alluded to the abortive attempt which had been made at the commencement of his Presidentship to effect an amalgamation of the Pathological, the Obstetrical, the Epidemiological, and the Royal Medical and Chirurgical Societies; and stated that, as a substitute for this proposed change, a new function had been bestowed on the Society, in the formation, by its council, of scientific committees for the investigation of subjects of special interest and importance. He eulogised the report drawn up by the first of these scientific committees, to which was allotted the subject of 'Suspended Animation;' and augured favourably of the working of a second committee on 'Chloroform,' whose labours had just commenced. He characterised the creation of these new functions as a move in the right direction; and indicated two other modes in which, in his opinion, the flourishing state of the funds would permit the Society to promote the object for which it is founded—namely, the advancement of Medical and Chirurgical knowledge. These were—first, to present medals, under due regulations as to time and value, to professional men who should prove themselves most deserving of such distinctions; and, secondly, to aid by grants persons who needed funds for the publication of valuable works, or the prosecution of useful researches. He also made favourable mention of the suggestion of one of the Fellows of the Society, that a new order—namely, that of Corresponding Foreign Fellows—should be created, and gave reasons why such an order had become necessary. The President stated that the question of either changing altogether the locality of the Society or enlarging the present premises had been under consideration, but that neither the one proposed nor the other had been approved; that arrangements, however had been made for the accommodation of more books by putting up new shelves; and that an improved system of ventilating the meeting-room had been adopted. He finally craved permission, ere he took his leave as the oldest President who had ever occupied the chair, to avail himself of his character of a veteran, and advert to the impassioned tone of address which on some rare occasions he had observed speakers to adopt at the meetings, and to recommend that in future discussions those personalities, those ebullitions of emotion, those impugnments of motives, which were so unnecessary and so out of place in the consideration and discussion of scientific questions should be avoided. After enlarging somewhat on this topic, he concluded by expressing his great satisfaction at being succeeded in office by a gentleman whose high talents and prominent station rendered him so eminently qualified for those important duties which he would be called on to perform.

At the conclusion of the President's address, the proposed new bye-laws relative to the scientific committees were (with few technical alterations moved in an amendment by Dr. Balfour) adopted. Thanks were then voted to the members of the Scientific Committee on Suspended Animation—namely, Dr. C. J. B. Williams, Dr. Kirkes, Dr. Harley, Dr. B. Sanderson, Dr. Brown-Sequard, Dr. Hyde Salter, Mr. Savory, and Dr. Sieveking—for the able and zealous manner in which they had carried out their investigations; and also to the authorities of University College, the Royal Humane Society, and the Royal National Life-Boat Institution, for their courtesy and assistance in advancing the inquiry. The thanks of the Society were also voted unanimously to the retiring President for his able conduct in the chair, and for his admirable address; and to Mr. C. H. Moore, Secretary, and the other retiring officers of the Society, for their valuable services during the time they had been in office.

At the conclusion of the meeting, the result of the ballot for officers and council for 1863 was announced by the President as follows:—President: Mr. Partridge. Vice-Presidents: Dr. Hodgkin, Dr. West, Mr. Hilton, and Mr. Fergusson. Treasurers: Dr. Pitman, and Mr. Dixon. Secretaries: Dr. Sieveking and Mr. J. Birkett. Librarians: Dr. Stewart and Mr. Henry Lee. Other Members of Council: Dr. Cotton. Dr. Gream, Dr. G. Johnson, Dr. Markham, Dr. Sibson, Mr. G. V. Ellis, Mr. Barnard Holt, Mr. Holthouse, Mr. E. Newton, and Mr. Toynbee.

HARVEIAN SOCIETY OF LONDON.

MARCH 5TH, 1863.

Dr. FULLER, President, in the Chair.

Mr. J. ZACHARIAH LAURENCE gave an exposition of the

DIAGNOSIS AND TREATMENT OF ASTIGMATISM.

Astigmatism is an inequality of refraction in the meridian of the globe of the eye, the maximum refraction generally existing in the vertical, the minimum in the horizontal meridian. The heterogeneous image thus produced on the retina causes a diminution in the "acuity of vision;" so that types of given dimensions can no longer be distinguished at their normal distances. In many instances, asthenopia is a prominent symptom induced by rapidly-alternating changes in the accommodation (with a view of obtaining correspondingly-successive distinct portions of the retinal image), inducing muscular and psychical fatigue. The various changes the image of a luminous point, thrown on a screen by an astigmatic combination of lenses, underwent, were then shown: At the focus of the vertical rays the "focal line" was shown to be horizontal—at the focus of the horizontal rays, vertical; the images comprised within this range (the "intervalle focale" of Sturm) were shown to be ellipses with horizontal major axes, a circle and ellipses with vertical major axes. An astigmatic eye perceives the images of a luminous point precisely in this way, the "focal lines" being producible by auxiliary convex or concave spherical lenses, which have the effect either of bringing forwards or throwing backwards their entire focal interval. The inability of simultaneously seeing horizontal and vertical lines with equal distinctness was then shown to exist in nearly all eyes, proving that astigmatism in a low degree is an almost normal condition of the eye.

A series of cylindrical lenses were then exhibited, and their application to the cure of astigmatism.

A very striking instance of this was then shown in the person of a young lady, whom Dr. Laurence, after having ineffectually treated for acute asthenopia, three years ago, by all kinds of lenses, general treatment, &c., had now completely cured by a 16-inch concave cylindrical lens, with its axis transverse, the eye in this case presenting a normal refraction in the horizontal meridian, but a myopia of 1-16 in the vertical one. Mr. Laurence drew attention to the scientific advantages the test-types of Drs. Snellen and Giraud-Teulon possessed over those of Professor Jäger, the former being always viewed under one constant angle, and thus affording a gauge of the relative acuity of vision of different individuals.

The cause of astigmatism was shown to be most commonly an inequality of curvature of the cornea, sometimes a congenital obliquity of the crystalline lens (as probably in the case of the discoverer of astigmatism, Dr. Thos. Young). The ophthalmoscopic signs of astigmatism were then enumerated: An elliptical form of the optic nerve entrance, and an inability of observing in the direct image the horizontal and vertical branches of the retinal artery, with equal distinctness at the same time. Finally, Mr. Laurence alluded to the important development this branch of ophthalmic surgery had received within the last two years by the researches of the late Professor Donders of Utrecht, and Dr. Knapp of Heidelberg, who had demonstrated the comparative frequency of astigmatism, which, when recognised, led to the remedy of many otherwise perfectly enigmatical cases.

Births, Marriages, and Deaths.

BIRTHS.

BARNES.—On the 13th inst., at Matfen, Newcastle, the wife of W. A. Barnes, Surgeon, of a son.

BRIDGER.—On the 15th inst., at Cottenham, Cambridgeshire, the wife of John Bridger, M.R.C.S.E., of a son.

DEW.—On the 12th inst., at Belton house, Pensford, Somersetshire, the wife of Dr. H. Dew, of a daughter.

LITTLEJOHN.—On the 12th inst., at York place, Edinburgh, the wife of H. D. Littlejohn, M.D., of a daughter.

MACKAY.—On the 12th inst., at Stony Stratford, the wife of A. D. Mackay, M.B., of a daughter.

MATHIAS.—On the 12th inst., at Maryport, Cumberland, the wife of W. B. Mathias, M.R.C.S.E., of a daughter

NEVINS.—On the 14th inst., at Oxford street, Liverpool, the wife of J. Birkbeck Nevins, M.D., of a son.

ROTH.—On the 11th inst., the wife of Mathias Roth, M.D., of Old Cavendish street, of a son.

WILLIAMSON.—On the 13th inst., at Burntisland, Fifeshire, the wife of Dr. Williamson, of a son.

MARRIAGES.

EDDOWES—GORWAY.—On the 10th inst., at St. Pancras Church, R. Eddowes, M.R.C.S.E., to Margaret Charlotte, eldest daughter of Walter Gorway, Esq., of Swinton street.

LANSDOWN—EMERSON.—On the 9th inst., at St. Fagans, Cardiff, J. Ruscombe Lansdown, L.R.C.P. Edin., to Mary Lucy, eldest surviving daughter of the late Rev. Charles Emerson, of Llanfair, St. Fagans.

ROGERS—BINSTEAD.—On the 17th inst., at Wakefield, T. Lawes Rogers, M.D., of Rainhill, Lancashire, to Henrietta, eldest daughter of Capt. Binstead, R.N.

DEATHS.

MARSHALL.—On the 11th inst., at Marlborough place, Walworth road, Richard Marshall, M.R.C.S.E., aged 48.

OSLER.—On the 7th inst., at Truro, E. Osler, M.R.C.S.E., Editor of the 'Cornwall Gazette,' aged 65.

WILSON.—On the 12th inst., R. Wilson, M.R.C.S.E., of Cannon street, St. George's-in-the-East, aged 46.

MEDICAL NEWS.

APOTHECARIES HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practice, on the 12th inst.:—William Arthur Bracey, General Hospital, Birmingham; John Davies, Coleshill, Warwickshire.

RICHARD GREEN, the late eminent shipowner of Blackwall, bequeathed 2,000*l.* to the 'Dreadnought' Hospital Ship off Greenwich, and 2,000*l.* to the Poplar Hospital.

DUBLIN HOSPITAL.—The sum voted for the Dublin Hospital for the present year in the civil service estimates is, as usual, 15,845*l.* being the amount recommended by the Commission of Inquiry appointed in 1855.

HEALTH OF ROTHERHAM.—The general mortality of Rotherham is 44 in 1,000, the deaths being more numerous than the births. Dr. Reed, a resident medical practitioner, says that 'the havoc committed by cholera is as nothing compared with the slow and gradual destruction from our poisonous sewers in their work of depopulation.'

SMALL-POX IN SHEEP.—The Mutual Wilts Association for the Prevention of Small-pox in Sheep is petitioning the Government to enforce a more strict supervision of the importation of foreign sheep, to which it is positively affirmed the recent outbreak of the epidemic in England was distinctly traceable.

CINCHONA.—Colonel Lake and Dr. Cleghorn have taken steps for the introduction of the quinine yielding cinchona into the hill-ranges of the Punjab, a locality which seems favourable to the growth of this valuable plant, the products of which are so useful in many of those diseases which prevail among the people of India.

MR. JOHNSTON, of H.M.S. 'Sphinx' was brutally assaulted a few days before the last advices from Hong Kong. He was attacked by a number of Chinamen as he was leaving Aberdeen, beaten with bamboo sticks, robbed, and left almost insensible, but was recovering at the time the mail left Hong Kong.

MR. T. PARKIN ATKINSON, of Kilham, Yorkshire, M.R.C.S. Eng., has sustained very severe domestic bereavements in the deaths of three of his children within five days—viz., on the 1st inst., Florence, aged eight years; on the 2nd, Edwin Augustine, aged nineteen months; and on the 5th, John Henry, aged four years and six months.

MEETING OF THE MEDICAL PROFESSION AT GLASGOW.—On Thursday, March 12th, a numerously attended meeting of the members of the Medical Profession who have formed themselves into an association to procure a repeal of that section of the Scotch Registration Act, under which forced unrequited Professional labour is extracted from the Medical men of Scotland, was held in the Lower Room of Trades' Hall, Glassford street—Dr. H. Thomson, the President of the Association, was in the chair. The Chairman stated that this meeting had been called specially to consider an overture which the Lord Advocate had made to Mr. Dalglish, and which had been communicated to the Association by Mr. Dalglish, in a letter to the secretary. Before calling on the secretary to read Mr. Dalglish's letter, he begged to remind the Association of the progress made. After their body had been fairly constituted, the secretary, as instructed, addressed a letter to the member for Glasgow, to ascertain exactly how he stood and felt affected towards our movement; whether, in fact, he was prepared to introduce a repealing bill, should the Profession throughout Scotland back him up with a large number of petitions. As some of the gentlemen present had not heard Mr. Dalglish's letter in reply read, he would go over it again.

"House of Commons, February 18th, 1863.

"DEAR SIR,—I was anxious to have had a conversation with the Lord Advocate before writing to you on the subject of the clause in the Registration of Deaths Act which enforces a penalty on medical men if they do not return a certificate of the cause of death.

"I would advise that the medical profession send a deputation to the Lord Advocate (who is still in Edinburgh), and endeavour to persuade his lordship to introduce a short bill to amend the present Act so far as the objectionable clause is concerned, so as to place the Medical Profession in Scotland in the same position as their friends in England and Ireland. If the Lord Advocate refuse to bring in such a bill, perhaps the deputation may get a pledge from his lordship that the Government will not oppose a bill for that purpose, if brought in by a private member.

"In either case I shall place my services at the command of the profession. I am, dear sir, yours very truly,

"Dr. Walker." "ROBERT DALGLISH.

On receipt of this letter, the secretary convened a meeting, when the proposition of our hon. member was discussed, and unanimously agreed to. Drs. Walker, M'Carron, and myself (the chairman), being the parties appointed to wait on the Lord Advocate. As time was exceedingly pressing, the secretary at once addressed a letter to his lordship, requesting an interview, at which it was proposed to submit to his lordship a scheme for the transmission of the certificates from the Practitioners of the registrars, which would greatly facilitate the collection of the desired information, and prevent the documents passing through the hands of relations of the deceased, as well as prevent any use being made of them, but for the purposes of the Act. Unfortunately, rapid as our movements had been made, we were too late; the Lord Advocate left for London immediately thereafter, so that any interview he may favour us with must be after his return.

The Secretary then read the following letter which he had received from Mr. Dalglish:—

"House of Commons, March 4.

"DEAR SIR,—I have had conversation with the Lord Advocate on the subject of the penal clause in the Scotch Registration of Deaths Act. His lordship says that if an alteration of the Act to the extent of only enforcing the penalty after three consecutive cases of neglect or refusal to make the return on the part of the Medical man would satisfy you, he would be inclined to make such an alteration as would accomplish that object. It appears to me that this is a compromise which is worthy of your consideration. It relieves the Profession from the penalty, so far as any breach of the Act from mere inadvertence is concerned; and I do not suppose that any Professional man would willingly obstruct the compilation of statistics so valuable to the profession.

"I shall be glad to have your opinion upon the proposal.

"I am, dear Sir, yours truly,

"Dr. Walker." "ROBERT DALGLISH.

Now he (the Secretary) had taken the earliest opportunity of calling the Association together to consider this proposal. To every member of the Association the eminently absurd nature of the thing was at once apparent—it was begging the whole question. He was astonished that such an idea could have entered the Lord Advocate's head, or that the city member could in the least degree have countenanced so ridiculous a notion. Although the proposal were carried out to-morrow, the unjust and unconstitutional system of compulsory labour would still remain in its full force, and the odious admission that the Medical Practitioners of Scotland are of a lower type or caste, and not entitled to occupy "the same position as their friends in England and Ireland," would still remain unwiped out. However, a proposal by a Lord Advocate is not a matter to be slightly passed over. He would suggest that a meeting of the whole Profession in Glasgow and neighbourhood be called, to consider not only this proposal but the whole question. A requisition to call such a meeting might be presented to the President of the Faculty of Physicians and Surgeons, or this Association might take the initiatory steps, and request Dr. W. I. Gairdner to preside. After the meeting had been addressed by Drs. M'Carron, Reid, Glass, Cowan, Coats, and Lapraik, Dr. Thomson, the President, in a few remarks brought the proceedings to a close. He thought it impossible that the Royal Colleges of Edinburgh could longer refrain from expressing some opinions on this question. Sir R. Peel, in his place in the House of Commons, deliberately said that the Scotch penal system was altogether unfitted for the Medical men in Ireland. The free English system was the only one that would be tolerated there. He had come to this conclusion from conversations with the President of the Royal College of Surgeons of Ireland, and from information supplied from other sources. Now he (Dr. Thomson) could not see how our Scotch Presidents of Colleges could keep silent any longer. As to the Faculty of Physicians and Surgeons of Glasgow, he was afraid to mention their name. Probably it was too much to expect them to put in an appearance. Situated far from the centre of power, their small voice was seldom or never heard when the honour and dignity of the profession was at stake.

THE ARSENICAL POISONINGS AT MAREHAM-LE-FENS—John and Elizabeth Garner were tried at Lincoln on March 17, for the murder of Jemima Garner, the mother of the male prisoner. It will be

recollected that arsenic was unequivocally detected in the body by Prof. Taylor. No new evidence was adduced. The jury took the view that the poison was administered negligently, and not wilfully, and therefore returned a verdict of "Manslaughter." The judge, in sentencing the prisoners, said that the jury had taken a very merciful view of their case, but that he felt bound to pass upon them the severest sentence of the law. He then sentenced them to penal servitude for life.

Trial for Poisoning.—At the Spring Assizes, Northern Circuit, a man named Fox and a woman named Walker were tried for the murder of George Walker, the husband of the female prisoner, a miner, at Balley, near Dewsbury, by the administration of arsenic. The fact of death having been caused by arsenic appears to have been clearly proved. Arsenic was found in all the internal organs except the brain. The analysis was made by Drs. Scattergood and Baildon. Five grains of arsenic were found by Dr. Scattergood in the stomach of the deceased, half a grain of this being in a solid state, leading to the inference not only that poison had been administered from the beginning of the deceased's illness, but up to within a few hours of his death. It was, however, proved that the deceased had himself bought the arsenic for the purpose of killing rats, and kept it in an open drawer. There was no evidence to connect the male prisoner with the administration; and the jury, seeming to adopt the theory of the defence that the poison had been given by accident, acquitted the woman.

The Peabody Gift.—Dr. Gibbon, Medical Officer of Health, has reported to the Board of Works for the Holborn district that, in compliance with their directions, he has had interviews with the trustees of the Gift, and had learned that they were anxious to erect houses in the Holborn district. Several appropriate sites have been suggested. The example set by Mr. Alderman Waterlow is deserving of imitation. He has demonstrated most satisfactorily that wholesome and commodious dwellings for the poor can be erected at a comparatively small expenditure. It would be lamentable indeed that the noble gift of Mr. Peabody should fail of its full effect by any mismanagement on the part of those who are commissioned to carry out its objects.

Small-pox in Manchester.—Small-pox has been unusually prevalent for the last two or three months. During the first week in March the various charities and public institutions reported forty-five new cases, and, including cases in private practice, not less than a hundred would be the actual number. The Manchester and Salford Sanitary Association has called the attention of the Relief Committees, &c., to the subject of vaccination, and more particularly to the repetition of it in the adult. We should be glad to learn to what extent the Vaccination Act has been carried out in this important town. What are the number of vaccinated and unvaccinated persons who have been attacked by the epidemic? What is the proportion of the vaccinated and unvaccinated who contract or are the subjects of the disease?

New Remedy for Burns.—A blacksmith in the south of France has been fined for illegally practising medicine. He is famous for the cure of burns, and used to request from the patient a five-franc piece, which he held over the burn whilst uttering cabalistic words, and then put the coin into his pocket.

Royal Medical College, Epsom.—The collegians and aged pensioners of this institution celebrated the marriage of H.R.H. the Heir-Apparent and the Princess Alexandra, on Wednesday, the 11th inst., by a dinner given by the Council of the College.

Appointments.—A. Henly Attwater, M.R.C.S.E., has been appointed Medical Officer of District No. 2 and the Workhouse of the Dulverton Union, Somersetshire.—E. Barker, M.R.C.S.E., has been appointed Medical Officer for the Brightside West District of the Sheffield Union.—J. C. Brumwell, M.D., has been elected Medical Officer and Public Vaccinator for the Burnley District and Workhouse.—J. R. Brumwell, M.D., has been elected Medical Officer and Public Vaccinator for the Colne District of the Burnley Union.—Cambridge Cary Cocks, M.D., has been elected Medical Officer for District No. 4 of the Ross Union, Herefordshire, vice E. Jones, M.D., resigned.—Wm. Cooke, L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Llantrissant District of the Pontypridd Union, Glamorganshire.—A. G. Cox, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Crewkerne No. 1 District of the Chard Union, Somersetshire, vice Mr. W. Ewington, resigned.—H. Crutchley, L.R.C.P., has been appointed Medical Officer for District No. 2 of the Mansfield Union, Nottinghamshire, vice Thomas Godfrey, M.R.C.S.E.—E. W. Stephen Davis, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Mountain Ash District of the Pontypridd Union.—Wm. Evans, L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Ystradyfodwg District of the Pontypridd Union.—T. A. Freeman, M.R.C.S.E., has been appointed Medical Officer for the Hartley Wintney District and the Workhouse of the Hartley Wintney Union, vice H. J. Shirley, F.R.C.S.E., resigned.—Ernest Hart, M.R.C.S.E., Ophthalmic Surgeon to St. Mary's Hospital, has been appointed Lecturer on Ophthalmic Surgery, vice Wm. White Cooper, F.R.C.S.E., resigned.—E. Head, M.B., has been appointed Professor of Botany at the Charing-cross Hospital Medical School, vice Mr. J. Symes, resigned.—G. Yeates Hunter, M.D., of Margate, has been appointed a Cinque Port Justice of the Peace by the Right Hon. Viscount Palmerston, Lord Warden of the Cinque Ports.—Wm. Keal, M.R.C.S.E., has been elected Coroner for the County of Rutland.—J. Leigh, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Lanfabon District of the Pontypridd Union.—J. Llewellyn, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Caerphilly District of the Pontypridd Union.—Walter Morgan, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Pontypridd District of the Pontypridd Union.—Dr. Officer has been elected Speaker of the House of Assembly, Tasmania.—J. Randall, M.D., has been appointed Lecturer on Medical Jurisprudence at St. Mary's Hospital Medical School, vice J. Burdon Sanderson, M.D., appointed Assistant-Physician at Middlesex Hospital.—H. Spencer Smith, F.R.C.S.E., has been appointed Surgeon to St. Mary's Hospital, vice Wm. Coulson, F.R.C.S.E., resigned.—C. Gordon Sprague, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Workhouse and for the Eastchurch District of the Sheppey Union, Kent, vice J. Jaap, M.D., resigned.—Montague Thomas, L.F.P.S., Glas., has been appointed Medical Officer for the Workhouse and district of Headley, South Hants, vice Wm. Woodhouse, M.R.C.S.E., resigned.—Martin Woodward, M.R.C.S.E., has been re-elected Medical Officer and Public Vaccinator for the Fladbury District of the Pershore Union, Worcestershire.

APPOINTMENTS FOR THE WEEK.

Wednesday, March 25.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal College of Physicians, 5 p.m.—Lumleian Lectures: Dr. Chambers "On the Formation of Mucus and Pus."

Thursday, March 26.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m., Fissura Recti, 2 cases, Vesico-Vaginal Fistula, Vascular Tumour of Meatus Urinarius; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m. Prof. Frankland, "On Chemical Affinity;" Royal College of Surgeons of England, 4 p.m.—Prof. Huxley, "On the Structure and Development of the Vertebrate Skeleton;" Junior Medical Society of London, (at University College Hospital), Mr. Talfourd Jones, "On Tuberculous Meningitis."

Friday, March 27.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Physicians, 5 p.m.—Lumleian Lectures:—Dr. Chambers, "Formation of Mucus and Pus;" Royal Institution, 8 p.m.—W. Crookes, Esq., "On Thallium."

Saturday, March 28.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Max Muller, "On the Science of Language, (2nd Series);" Royal College of Surgeons of England, 4 p.m.—Prof. Huxley, "On the Structure and Development of the Vertebrate Skeleton."

Monday, March 30.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Structure and Development of the Vertebrate Skeleton;" Medical Society of London, 8½ p.m.

Tuesday, March 31.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.; Royal Institution, 3 p.m.

NOTICES TO CORRESPONDENTS.

Mr. Curgenven.—Received and inserted.

Dr. Camps is thanked.

M.D.—We are unable to give you the information you require,—all such matters being editorial secrets.

Mr. Falcon's interesting case shall be inserted.

Dr. J. B.—1st. Yes.—2nd. Yes.

Tau.—The appointment was irregular; but the Poor-law Board can do as they like.

M.D. (Edin.)—Note received; but we are sorry that we cannot comply with your request.

To the Editor of the Medical Circular.

Sir,—As the College of Physicians is said by you to refuse to grant the title of Doctor of Medicine to its licentiates, perhaps you will be so kind as to grant that degree from your office in King William street, as *you must know, that you have just as much legal right to bestow that title as the College has.* Yours truly,

March 6th, 1863. A Pippin that would fain Swim.

[As we have never said nor implied that the College had the legal right to grant the degree of M.D., we see no occasion to usurp that function ourselves. Is "Pippin" quite sure that he is not a "crab"?]

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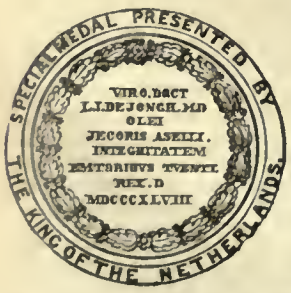

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Consanguineous Unions—Drinkable Water—Temporary Mental Aberration; Petition to the Senate for the Creation of a Special Asylum—Professional Secrecy with regard to Marriages.

The "vexata questio" of consanguineous unions has again been brought before the Institute, in the shape of a communication from Dr. Bourgeois, which Professor Velpeau laid on the table. Considerable personal experience, under unusually favourable circumstances, had already led the author to inquire in his inaugural thesis, and previously to the publication of Mr. Boudin's statistics, into the nature of the influence of consanguineous unions on the offspring of such marriages. From the facts gathered by Mr. Bourgeois, it appears that reiterated intermarriage, repeated as often as sixteen times between cousins at different degrees, produced deaf-muteness in no instance, nor any one of the constitutional infirmities mentioned by various authors. In his thesis, Mr. Bourgeois contends that Mr. Boudin will find satisfactory evidence that, contrary to his previsions, consanguineous unions are not liable to produce, in one or two generations, any evil effects, and must also be acquitted of any unfavourable tendency in the case of several successive intermarriages between blood-relations.

Mr. Bourgeois entertains no doubt as to the accuracy of the statistical returns adduced by Mr. Boudin, which show, in special institutions, an average of 25 or 30 per cent. of deaf-mute children, the offspring of consanguineous marriages. Under the circumstances alluded to, the results would probably be always the same; but he argues that investigation should be carried farther back, and include the precedents of several generations, whereas, hitherto the inquiries on the subject have been confined to the nearest relatives. Constitutional affections would thus be brought into notice, which, by the coincidence of similar temperaments, may possibly degenerate into settled hereditary predispositions or deformities, such as deaf-muteness for instance. Researches of this description, however, are surrounded with numberless difficulties, especially in those families which confide the care of their deaf and dumb children to public establishments. They seldom can afford any information as to the sanitary conditions of their progenitors, and not even of the most recent preceding generations; in his own family, on the contrary, proverbially quoted in the country in which it has settled, for length of life, and frequent intermarriage, Mr. Bourgeois has met with all the elements of the question ready to his hand.

In a total number of sixty-eight marriages, all between relatives more or less closely allied, the author is unable to point to more than one which proved unfruitful, and the infertility was mainly referrible to the delicate health of the wife, who was no relation to her husband; and in order to discover a consanguineous union in the antecedents of the latter, it is necessary to go so far back as three generations. It is proper to observe, says Mr. Bourgeois, that the health of all the descendants of these parents has been remarkably good, although their number amounts to upwards of two hundred, a result which may be contrasted with the condition of the other grand-children, and great-grand-children arising from the union of persons, who may be termed doubly first cousins. They inherited obviously their scrofulous constitution from their mother and her family, who were unconnected with the husband's relations, and their infirmity was not therefore the result of consanguinity. The morbid predisposition was here handed down as an heirloom unmitigated by the favourable circumstance of marriage into a healthy family, a fact rendered more apparent by the perfect health enjoyed in common with the other relatives, by eighteen other grand-children, the offspring of the same union between first cousins, with the exception of one, whose imperfect mental development is referrible to traumatic and accidental injury.

In conclusion, the fresh document added to the long list of those which are submitted for examination to Messrs. Andral, Rayer, Bienaymé, lends further support to the opinions propounded by Mr. Bouchardat in his lectures on hygiene—viz., that consanguineous marriages are innocuous or the reverse, according to the soundness of the parties, or their personal or hereditary liability to morbid conditions transmissible directly or indirectly, in their original or in a modified form.

— The Academy of Medicine laboriously proceeds with the debate raised by Mr. Lefort's communication on drinkable waters. In the midst of this clash of conflicting opinions, we are bound, however, to state that a few speeches dimly point to the possibility of a practical solution of the problem. We may, for instance, invite attention to the excellent summary of the question presented by Mr. Boudet. The learned member, after an analytical review of the entire discussion, which showed that he had fully mastered his theme, developed with much ability his personal views which may be briefly stated as follows:

Wholesome drinkable water should be of pleasant taste, suitable for cooking purposes and a good solvent of soap.

Whether derived from springs or rivers, drinkable water is essentially dependent for its qualities on its chemical and physical properties. Wholesome water should be clear and transparent, tasteless and inodorous, and leave no deposit in the pipes through which it runs, nor in the vases in which it is preserved. Its hydrometric weight should not exceed 25 deg., and it must contain a certain amount of air—viz., in every quart should be found 20, or 22 cubic centimetres of nitrogen, 9 or 10 c.c. of oxygen, and 20 or 25 c.c. of carbonic acid. Water should present but faint traces of organic matter, barely one-sixth of a grain of nitrates, and not more than one-sixtieth or one-fiftieth of a grain of ammonia. The presence of putrid organic matter should cause it at once to be rejected for domestic uses.

The Seine water, above town, at the Bridge of Ivry, for instance, may be considered a fair standard of wholesome drinkable water.

At its emergence, the water of the river Dhuys is insufficiently aërated, and contains too large an amount of carbonate of lime to be viewed as perfectly wholesome for human consumption; but if it be conducted through long airy aqueducts, and thus gain an additional quantity of air, and lose the superabundant lime—*i.e.*, the equivalent of 17 hydrometric degrees—it might probably become as fit for use as the water of the Seine, and would be infinitely preferable to that of Arcueil, or of the Canal de l'Ourcq.

Before concluding his remarks, Mr. Boudet communicated to the Academy official information calculated to throw light on the present system of distribution of water in Paris. From these data, imparted by Mr. Belgrand, the chief inspector of the supply in the capital, it appears:

1. That the average amount of water, from various sources, distributed every day in Paris, during the year 1862, was 133,150 cubic metres, of which 42 thousand cubic metres, rather less than one-third, were drawn from the Seine, 89 thousand metres from the canal de l'Ourcq, 1,170 from Arcueil, 630 from the Artesian well at Grenelle, and 350 from the northern wells.

2. That the waters of Arcueil and Grenelle were mixed before distribution with the Seine water, and that during the warm season, the water of the canal was substituted in certain quarters for the Seine water.

These facts, which defy contradiction, show, according to Mr. Boudet, that for a long time, and even at present, the inhabitants of Paris drink, without being aware of the fact, much more water from the canal than from the river, and that the wholesomeness of the former is established by the experience of half a century, although besides bi-carbonate of lime, it also contains a large proportion of sulphate of lime and of salts of magnesia.

We should not omit to add, that the warm congratulations presented to Mr. Boudet by his colleagues, imply that the views of the learned member will, in all probability, find favour in the eyes of the Academy.

— On the 24th of February, a petition to the Senate was read to the Academy, by its author, Mr. Legrand du Saule. It is worded as follows:—

"In virtue of the right conceded by the Constitution to all French citizens, I have the honour of respectfully pointing out

to the Senate, in the present petition, a much to be lamented desideratum in our legislation.

"Art. 64 of the Penal Code enacts that criminal proceedings shall be discontinued in cases of insanity. This plea converts an offence to be atoned for, into a calamity to be verified. The dread of consequences having proved inefficient to check the transgressor, punishment would obviously not cure mental aberration.

"In addition to lunatics, properly so called, certain individuals under the influence of monomania, or slight delirium confined to one set of ideas, afflicted with convulsive neurosis or a prey to a degree of passionate excitement closely akin to insanity, frequently commit actions for which they are held responsible by the judicial powers of the country. Moral liberty being limited at the time the offence was committed, the plea in favour of the accused party is derived from his mental condition, and his struggles with himself; hence extenuating circumstances are urged, and the penalty is accordingly reduced. These partially diseased individuals are then committed to prison, where the contact of malefactors causes additional suffering, further perverts their morals, and may even extinguish the remaining sparks of their already clouded intellect.

"Mitigation of punishment, on the other hand, is doubtless possessed of this advantage, that it lowers the degree of criminality, but families, whose misfortune it is to number a maniac among their members, are nevertheless branded with the disgrace of a dishonouring sentence.

"This, I venture to say, is a defect in our code of laws, which deserves the earnest attention of the most exalted constituted body of the Empire. In accordance, therefore, with a suggestion brought forward in 1846, by an eminent member of the Medical Profession, I humbly submit that the Act of June 30, 1838, be completed by the insertion of an additional clause, ordering the institution of a central establishment for the reception of individuals lying under sentence, who may at the same time be found labouring under mental derangement, or be suspected of such derangement; or at least the creation of a special division for the purpose in our principal lunatic asylums.

"It is highly desirable that, in future, persons *partially responsible*, be conveyed at once, after sufficient judicial and medical inquiry, but previous to the passing of any ignominious sentence, to the establishments appropriated to the reception of subjects of partially unsound mind. The authorities might assign to confinement in these institutions, the same duration as would have been incurred, had the penalty been awarded.

"I do not hesitate to say that these measures would give general satisfaction, and while affording all due protection to the interests of public security, would at the same time preserve untainted the honour of the families of semi-lunatic criminals.

"France should be in such a position as to envy none of the institutions of neighbouring countries, but it must be acknowledged, that in the matter under consideration, England is in advance of the French Empire."

We shall, if necessary, revert to this petition, the objects of which are so definite and so noble that all comment is needless.

— We have briefly stated our opinion with regard to the obligation of professional secrecy in regard to marriage, and the discussion continues in the medical periodicals, but has not hitherto caused us to change our views on the subject. We entirely agree with Mr. de la Ville Jossy, and with the President of the Society of the Third Arrondissement, that "in most cases physicians are bound, in accordance with Art. 378 of the Penal Code, to preserve inviolate the confidence which has been reposed in them, but that under peculiar circumstances, the physician should obey the dictates of his own conscience, which may be in contradiction with the injunctions of the law." The wording of this sentence has appeared too loose to certain persons who would willingly sacrifice their personal freedom of action in their fondness for discipline and restrictive regulations. The implicit compliance due to the law has further been objected, and sentiments of a less elevated character have even been appealed to, and the avenging poniard which put a period to Professor Delpech's life has been flashed in the eyes of those who prize their personal safety. We candidly acknowledge that the doctrine of absolute silence, under all circumstances, will preserve the professional man from much annoyance, and perhaps occasionally from some peril, but this line of conduct appears to us to savour more of selfishness, than of an exalted notion of duty, and would tend to substitute the consideration of the physician's personal interest for those of society in general. Practically, moreover, the principle of personal liberty which we defend, has guided the most eminent authorities in their conduct. To adduce but one illustration, we extract the following passage from a letter published in the *Abeille Médicale*, from which it appears that in 1830, Dupuytren had adopted a view of the obligation of professional secrecy in regard to marriage, closely analogous to that entertained by the learned gentleman whose opinion is also our own:—

"One of my friends, a medical practitioner," says the correspondent of the *Abeille*, "was desirous of proposing for a young lady whose friends resided in the neighbourhood of Paris; but having noticed an unhealthy appearance in his future bride, he postponed, without altogether abandoning, his matrimonial intentions, and sought information from mutual acquaintances. He thus learned that Miss X—— had undergone by the advice of the Chief-Surgeon of the Hotel Dieu, Baron D——, an operation, and requested me to call on the Professor and endeavour to obtain from him some details as to the nature of the disease which had necessitated surgical interference, and also his opinion as to the lady's health. I accordingly visited Mr. D—— and explained to him the object of my application. He became very serious, and said: 'what you ask from me, it is impossible to grant: you are doubtless acquainted with Art. 378 of the penal code, and with the oath of Hippocrates, you will find in both the explanation of my silence; But, said I, the applicant is a young fellow-practitioner, and he will be equally discreet and grateful.—I shall be happy to oblige your friend, if I can conscientiously; give me the means of doing so. If, said I, your silence is favourably interpreted, the parties will marry, and supposing that Miss X—— enjoys sound health, the results will be happy; but if, on the contrary, she is labouring under some incurable diathesis, you will doubtless have cause to regret your silence, and you assume some share of responsibility in the disasters which must inevitably follow.—Enough; you have gained your friend's cause, said Dupuytren, I will speak to you in all sincerity. I resorted in Miss X's case, for the cure of caries of the metatarsal bones, to an operation which proved successful, but I believe her to be affected with a scrofulous diathesis of an incurable character. Your friend knows now as much as I do, and he must reflect seriously on the matter.' I warmly thanked Mr. D——, and as I was withdrawing, he recalled me and said in a serious and impressive manner: 'I have, on the present occasion, disobeyed the injunctions of the law, and those of the Hippocratic oath, because I bear in mind the higher precept: 'Love your neighbour as yourself, and do not to another what you would not were done to yourself.'"

Dupuytren's inspiration was in this circumstance most fortunate, and Miss X—— died fifteen months after of tuberculosis. But even had she survived, we deem that the great surgeon's conduct was more honourable than would have been the strict silence in which he might have taken refuge. In cases of this description, a kind and intelligent man will, in our opinion, easily find some means of evading the difficulty without any damage to his conscience, either by skilful diplomacy, or by convening, as Mr. Ricord is stated to be in the habit of doing, a consultation in which he will take no part.

HOSPITAL NECKER.

(MR. DESORMEAUX'S WARDS.)

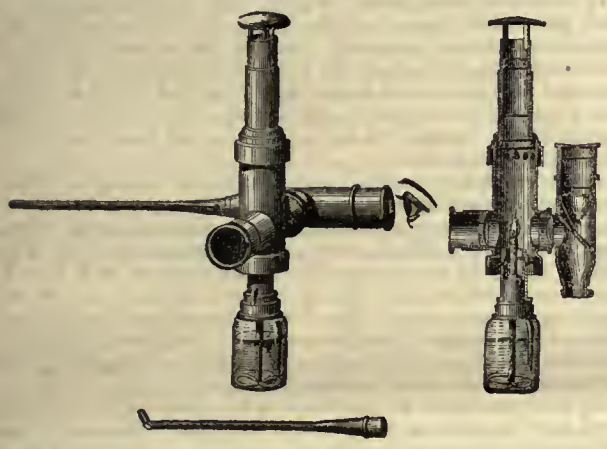
The Endoscope and its application to the diagnosis and treatment of diseases of the Urinary Passages.

In Mr. Desormeaux's wards, we saw for the first time, and had ample opportunities of studying, an apparatus of that surgeon's invention, which has not hitherto attracted much notice, but yet seems calculated to be of considerable service. We allude to the *Endoscope*, an instrument intended, as its name implies, for the inspection of cavities inaccessible to the eye; in the present article, we shall confine ourselves to its applications to diseases of the urethra and bladder.

Surgeons have, for some time, turned their attention to the

construction of optical appliances and reflectors, calculated to illuminate deep-seated organs, which otherwise baffle all attempts to direct investigation. The ophthalmoscope and laryngoscope, for instance, have, within the last few years, given rise to active inquiry, and are daily assuming greater importance in practice. Not so the endoscope which was exhibited by the author, at the Academy of Medicine, in 1853, under the name of *Urethroscope*. After gaining for the ingenious and learned inventor a portion of the Argenteuil prize, the instrument fell into such entire oblivion, that we have seen no one but Mr. Desormeaux himself use it in the hospitals, an undeserved neglect, which is much to be lamented. The endoscope is undoubtedly a useful invention, and we entertain so favourable an opinion of its utility that we cannot refrain from entering into a few descriptive particulars of the apparatus, viewed with respect to the inspection of the bladder and urethra.

It is needless to expatiate on the details of the construction, or on the manner of using the instrument, which is extremely simple. The annexed engraving will moreover assist us in our explanation. (*a*)



The illuminating apparatus consists of a copper box provided with a chimney, and containing a petroleum lamp; a phial similar to that used for the common spirit lamp is all that is necessary, the flame heats moderately the different parts of the instrument, and affords sufficient light for all practical purposes. The light is conveyed by a series of reflectors and lenses, into a lateral metallic tube, which is continuous with the catheter. At one of the extremities of this tube, and turned inwards, is placed a mirror perforated at its centre, where the eye of the observer is applied. The other extremity fits into the catheter introduced into the urethra.

The catheter is a straight silver tube, open at both ends, and wide at the extremity, adjusted to the illuminating apparatus, where it is slit in an extent of an inch and a half, for the introduction of metallic rods, bearing cotton, a minute blade, or a style, for the cleansing, incision or exploration of the duct. These instruments are supplied with a flat handle, bent at right angles on the rod, which, while the shaft is in the catheter, the operator holds in his hand. The apparatus is used as follows: The lamp is lighted and placed in its receptacle; the catheter provided at its distal extremity for the protection of the mucous membrane, with a rounded wooden bulb, supported by a conductor, is introduced into the urethra, when the mandrel is withdrawn. The wide extremity of the catheter is then affixed to the illuminating apparatus, and the eye is applied to the aperture above designated. In a case of a stricture, for instance, the catheter is gently inserted as far as the obstruction, and the diseased spot being possibly more or less concealed by blood or mucus, a rod, provided with a piece of cotton-wool, is introduced through the lateral slit in the instrument, and the parts are carefully cleansed; inspection is then proceeded with, and as we have frequently ascertained from personal experience, the aspect, form, and colour of the affected region can be clearly discerned. With a style, the direction of the passage and the degree of consistency of the stricture are then examined, and if incision be deemed necessary, blades of various shapes, borne on metallic rods, are at hand, with which the required divisions may be at once performed in any given direction. The condition of the mucous membrane in front of the stricture can also be ascertained in the most satisfactory manner, by slowly and simultaneously withdrawing the instrument from the urethra, the eye remaining applied to the orifice at the extremity of the tube.

Having so far described the facilities thus afforded for the examination of the urethra, we may now touch on the practical advantages derivable from the use of the apparatus. In the first place, the urethra may be, with its assistance, inspected in the most minute manner from the meatus to the bladder, and any alteration of the mucous membrane readily detected.

In stricture especially, we have often witnessed the utility of the instrument. To say nothing of dilatation as a method of treatment, the incision of the constriction is greatly facilitated. The operator sees the parts it is his intention to divide, can follow the progress of the blade through the tissues, and watch every step of the procedure as if it were performed on the surface of the body; the exact extent of the incision may thus be perfectly regulated according to circumstances, and the surgeon experiences no dread of failure, or of untoward consequences. It is not our intention to enumerate the manifold diseases of the urethra, and to point out the peculiar advantages of the endoscope in each, but merely to state that it affords the most valuable assistance to diagnosis, and that it is as convenient for the application of the caustic-holder as for the introduction of sharp instruments. Many ingenious mechanical contrivances have been invented for the purpose, but none is so perfectly appropriate as Mr. Desormeaux's apparatus. He merely impregnates a piece of cotton-wool attached to a silver rod, with the caustic, and applies it to the seat of disease; cauterisation is thus effected with the utmost ease, and may be limited to as small a space as the operator may desire, circumstances which must greatly enhance the utility of this method of treatment of strictures.

We should not omit to allude to the modification introduced in the arrangements of the apparatus, for the inspection of the mucous lining of the bladder. For this purpose, Mr. Desormeaux employs, instead of a straight catheter, a tube incurvated to the same degree as Mr. Mercier's instrument, and unprovided with any aperture at its point. The smaller branch of the curve forms with the shaft an obtuse angle, at the summit of which is accurately fitted a piece of very transparent glass. This instrument is introduced into the bladder almost as easily as the common catheter, and when it has been adapted to the illuminating apparatus, the observer can view with facility the posterior and inferior segment of the mucous membrane, the region of the highest interest to the surgeon. The importance of such an inspection is obvious; it is needless to add that the bladder should previously be distended with an injection of clear water.

Mr. Desormeaux likewise resorts to the endoscope for the examination of the nares, pharynx, and rectum, and it is adapted for the inspection of all the cavities of the body, usually inaccessible to the eye. We confine our remarks on the present occasion to the explorations witnessed by ourselves in that surgeon's wards, and in conclusion invite the attention of our readers to a mechanical contrivance calculated to be of essential service in the diagnosis and treatment of the diseases of the urinary passages.

JUST. LUCAS-CHAMPIONNIERE.

(*a*) The engraving represents on the left side, the endoscope with the catheter affixed, ready for use. On the right side is delineated a vertical section of the apparatus, showing the situation of the lamp, and the parallel position which may be imparted at will to the two lateral cylinders, when the instrument is packed in its case.

CAMBERWELL HOUSE LUNATIC ASYLUM.—An entertainment was recently given to the inmates of this asylum, consisting of a prologue, "Illustrations of wit and humour," readings from Dickens and various other authors, a concert, and Haynes Bayley's comedy "Perfection." The patients were highly delighted with the entertainment, and in the course of the evening were regaled with oranges, coffee, negus, and cake. Several visitors were present, including many members of the profession.

The Medical Circular.

SHORT CLINICAL LECTURES ON THE FIRST PRINCIPLES OF MEDICINE.

By Lionel S. Beale, M.B., F.R.S.

On the Vital Changes Occurring in the Mucus-Corpuscle.

In my last lecture, I was compelled to speak of living cells, changes occurring during life, vital phenomena, &c. It is right, therefore, that I should endeavour to explain what I mean by a living cell. I ought to tell you what goes on in a living cell, and how this living cell gives rise to other living cells. As long as our views upon these fundamental questions remain unsettled, we shall be unable to give an intelligible account of the simplest changes occurring in the very simplest structures in health or disease.

The words life, vitality, vital power, are used so vaguely and so carelessly in speaking of a patient's state, that it is my duty to attempt, at least, to describe to you what meaning I attach to them. Moreover, these terms have been used in very different senses. They have been applied to the organism as a whole, as well as to the separate elementary parts or cells of which the tissues are composed. Our life may be destroyed, but many of our tissues may exhibit vital actions for some time afterwards. Many of our tissues live longer than we ourselves live. In this lecture I restrict myself to the consideration of the vital changes which take place in individual "cells."

I have shown that a cell always consists of living matter, and matter that has lived (of germinal matter and formed matter), and that no structure exists which is composed entirely of living matter.

It is true that, in the present state of knowledge, we cannot explain how some of the simplest physiological changes which occur in the body in health take place. Nor have we much positive knowledge even of the actual phenomena which occur in some of those states, which, though scarcely to be called morbid, nevertheless can be distinguished from those characteristic of health. For example, how ignorant are we of the precise order of the occurrence, and of the exact relation to each other, of the changes which take place in the course of a common cold. We do not know how the very unpleasant chilly sensation which marks its accession is produced; neither are we acquainted with the condition of the blood which precedes and is undoubtedly connected with the dry congestsd state of the mucous membrane; nor are the precise causes of the increased secretion which soon takes place from the nasal or bronchial mucous surface accurately determined.

If, however, the changes which occur upon the surface of the mucous membrane be carefully watched, many highly important facts which have no slight bearing upon the question of the nature of vital changes generally, will be revealed. And we can actually demonstrate the transition from normal structure of a very simple kind, to what is spoken of as a morbid product.

Every one knows that upon the surface of the mucous membrane of the air-passages, even in health, there is a small quantity of a soft viscid matter generally termed mucus. This mucus, said to be secreted by the mucous membrane, contains certain oval or spherical cells or corpuscles, which are transparent and granular. From the change of form which takes place in them, it is certain that the matter of which they are composed is almost diffluent. These corpuscles or cells are mucous corpuscles. They have no cell-wall. They are embedded in, and separated from each other by, a more or less transparent, viscid, tenacious substance termed mucus. This viscid mucus bears to the corpuscles the same relation that the matrix of cartilage bears to the so-called cells, or the fibrous tissue of tendon to its "nuclei," and it is considered by many to be an intercellular subtance.

The specific character of the mucus depends upon the presence of a peculiar substance called mucin, which exhibits certain well-known chemical characters. Now, neither mucus nor mucin can be made from albumen or any other constituent of the blood, lymph, or chyle; nor does it exist ready-formed in those fluids; nor can it be prepared artificially. What is, then, the origin of this peculiar substance characteristic of mucus? Its elements must be, directly or indirectly, derived from the blood. It never exists without the corpuscles, and when it increases in quantity the corpuscles are found in increased number. There is, therefore, reason to infer that the formation of the mucous is in some way connected with the presence of the corpuscles. You may have masses of germinal matter without the tenacious mucus; but you cannot have mucus without the masses of germinal matter being present at the time of its formation. This fact has never yet been explained by those who still maintain that the so-called intercellular substance is formed by changes taking place in an exuded plasma independently of nuclei or cells (germinal matter).

Moreover, it is important to observe that the chemical characters and physical properties of the mucus are not dependent upon the life of the corpuscles. The germinal-matter of the mucus-corpuscles may be living and active, or dead and even disintegrated, without any observable immediate change upon the viscid mucus, so that it would appear that the mucus-corpuscles exert no direct influence upon the mucus after its formation.

Mucus, which is formed in health in very small quantity, is produced more rapidly and in larger amount in a slight cold or catarrh; but it still retains its transparency. If, however, the catarrhal state increases in severity, the mucus becomes more opaque. It is formed still faster, so that in the course of an hour more than a thousand times as much material, possessing definite chemical characters, may be produced upon the surface of the membrane, as is formed by it in the perfectly healthy state, which existed perhaps but two or three days previously. Examination will show that the opacity is due to the increased number of the granular corpuscles it contains, just as the creamlike appearance of laudible pus depends upon the multitude of corpuscles suspended in the fluid.

If you examine a little transparent mucus from the nose or windpipe upon a warm slide immediately after its removal, and under a very high power (not less than 1,200 diameters), you will observe some very important facts which bear upon the general question of life, growth, and formation.

You see a great many of the corpuscles I have alluded to, which vary somewhat in shape and size; but their form is generally oval, their outline even, and most are about the one-thousandth of an inch in their longest diameter. I will not discuss whether they are cells, nuclei, or corpuscles; but will call them masses of living or germinal matter, because I shall show you that they are alive and that from them new corpuscles are formed. These bodies, like pus-corpuscles, the "nuclei" of epithelial cells, and fibrous tissues, &c., are coloured by carmine.

Let us watch very carefully one of the oval masses of germinal matter under a power of 3,000 diameters. It seems to be composed of soft semi-transparent matter, which exhibits delicate spherical particles varying in size in every part. These particles are in constant motion, and the movements are like those so well known in the salivary corpuscles. About the central part, two or more nuclei will be observed. These appear smoother than the rest of the mass; but even in them, indications of the existence of smaller spherical particles may be discerned with a power magnifying 3,000 diameters when the light is well arranged.

In a few moments, an oscillation of the particles is observed at some portion of the circumference of the mass. Then one or many bulgings occur, and parts of the circumference become quite uneven by the formation of a number of little processes which move from the general mass, and often assume the form of little spherules which still remain attached by narrow pedicles to the general mass. Such changes occur at different points of the circumference, and from time to time some of the protrusions recede into the mass. Occasionally two or more processes coalesce, and a ring may be momentarily produced at some part of the circumference.—'British Medical Journal,' March 14.

DR. BROWN-SEQUARD ON EPILEPSY.

The following abstract of a lecture recently delivered by Dr. Brown-Séquard on the Nature and Treatment of Epilepsy, a disease to which the lecturer has devoted great powers of original research, will be read with much interest:—

Much light has been thrown upon the nature of this disease by Dr. Brown-Séquard's remarkable discovery that an affection resembling, if not identical with it, may be produced in animals by injuring the spinal column in any part above the third lumbar vertebra, but more especially in the part intervening between the third lumbar and the fifth or sixth dorsal vertebra. Animals so injured begin to have fits, which come on spontaneously—and which may be induced if the animals are irritated in a particular manner—about three weeks after the date of the injury. Various forms of lesion will produce the fits: for instance, a complete transverse section of a lateral half of the spinal column; a transverse section of its two posterior columns, together with the posterior cornua of grey matter and a part of the lateral columns; a transverse section of either the posterior, the lateral, or the anterior columns, only; a complete transverse section of the whole column; or, finally, a simple puncture, may each severally result in producing the fits. But some of these sections have much more power than the others in producing them, and that of a lateral half of the cord appears to be invariably attended with this result. Two guinea-pigs, which have been operated on in the manner last mentioned, were exhibited; by irritating the side of the face, a fit was immediately induced in one of them; the other one, having, as the lecturer suggested, probably been in a fit recently, did not respond to the like stimulus. The fit of the guinea-pig first introduced was certainly wonderfully like that of ordinary epilepsy. In these animals there is one particular part of the

skin, irritation of which is most invariably followed by a fit—indeed invariably, if the animal irritated has not had a fit a short time previously. The part in question is limited by the following four lines: —One drawn from the ear to the eye; a second from the eye to the middle of the length of the inferior maxillary bone; a third from the lower end of the line last mentioned to the angle of the lower jaw; and a fourth, forming half a circle, from this angle to the ear, the convexity of the half circle being towards the shoulder. Such is the irritability of this area, that merely blowing upon it will often induce a fit; and at times, when the animal shows a tendency to have a fit, a mere movement of the head will bring it about. This irritability resides in the extremities of the nerves which ramify in the skin itself. Irritation of the trunks of the nerves—as, indeed, is often observable in man—fails to induce a fit. In both these animals there is opacity of the cornea, a phenomenon which sometimes presents itself in man when the spinal cord is injured, and which may rapidly disappear. Such an opacity, presenting itself in a case of spinal injury under the care of Velpeau, speedily disappeared, to the great astonishment of that distinguished surgeon. It is thought that the power of action of muscles and nerves, and their excitability, are equal or co-ordinate; but this is not the case. Of two muscles, one atrophied and one healthy, the former may respond to a certain stimulus, while the latter will not; a weak person will jump or start on hearing a noise which will produce no effect upon a strong one. Animals whose spinal cords have been divided during six months will, by their sudden movements, show themselves peculiarly impressionable by external influences, which by healthy animals are either unfelt or disregarded. This is strikingly exhibited if both the injured and uninjured animals be submitted to the galvanic current. These facts illustrate the nature of epilepsy. Epileptics are usually very weak, often partially paralysed; their reflex excitability is increased, while their voluntary muscular power is lessened. This departure from the proportion normally subsisting between reflex excitability and voluntary muscular power constitutes the condition of, and tendency to epilepsy, and should be carefully distinguished from the immediate or occasionally exciting cause of the fits. The tendency to epilepsy having become established, the fits are often induced by some exciting cause existing in the periphery of the body. This is proved by the fact that the frequent and well-known prelude to the fits—the aura epileptica—may often be traced to its origin in some external or eccentric influence or abnormal condition of the skin. It is probable that certain nerves which are incapable of transmitting the ordinary sensations of pain are the media of an aura epileptica, or the proximate cause of fits even when the patient is wholly unconscious of its existence. There are nerves which are not sensitive, but which are capable of producing reflex actions. It is well known that worms in the intestines often bring on fits, although in such cases the irritation which they undoubtedly cause and which is propagated to the spinal cord, is not consciously felt. A great variety of sensations and eccentric influences will induce fits in persons in whom the epileptic tendency exists; but pain will not necessarily do so. The parts of the cerebro-spinal axis usually affected in epilepsy are the medulla oblongata and the upper portion of the spinal cord; but the seat of the disease in each particular case is that part of the nervous centre directly related to the special area of the periphery from which the aura, felt or unfelt proceeds. Now that pathologists have entered on that new and inestimable important field of medicine comprehending the action of nerves on blood-vessels, they are enabled to appreciate the significance of many phenomena of epilepsy, the nature of which was until recently wholly unknown. Of the two well ascertained influences which nerves exert on blood-vessels, viz., contraction—arresting or decreasing the circulation, and dilatation —increasing it, the former is explicable, the latter not yet completely so. Contraction of the blood-vessels of the face causes the paleness often observable in the first stage of an epileptic fit; contraction of those of the brain induces syncope of that organ only, and of course loss of consciousness at the same time. This contraction of the cerebral vessels is analogous to the first contraction in organic muscles. The variety of effects from irritations is surprisingly great: the sensation of light will produce an increase of blood in the tubercular quadrigemina; singing in the ear may in like manner cause contraction of the veins; sudden and general paralysis may occur, as in the case of the son of a medical man mentioned by Dr. Brown Séquard, whose consciousness and breathing power alone continued; there may be loss of memory of words only; or, suddenly a paleness of the face; a peculiar affection of the eyes; a flow of tears, or of saliva; the bladder alone may contract; or there may be simply an ejection of semen; or the irritation may show itself in some one superficial muscle, as in the case of a boy who had frequent and sudden pain in the belly—only one muscle of the abdominal wall being much enlarged, and for years subject to cramps, which were ultimately followed by complete epileptic fits. Dr. Brown-Séquard does not believe that the epileptic aura ever originates in the healthy womb itself, but he is of opinion that when the irritation is propagated from that organ, it results from an abnormal change in the quality of the blood within its vessels, or of its secretions. In the *petit mal*, or minor fits only of epilepsy, the patient loses consciousness more or less completely; the pulse is not weak, but often strong—sometimes especially so—and is thus emphatically distinguishable from that of syncope; the blood-vessels of the face, animated by a branch from the cervical portion of the sympathetic, may contract and cause sudden paleness; and there is always more or less contraction of the muscles of the neck and face. In a case of *typical* epilepsy, the fit is ushered in by an aura, felt or unfelt, or, in other words, by an eccentric irritation propagated to some part of the cerebro-spinal axis, the first results of which are contractions of the blood-vessels of the cerebrum and of the face, and tonic spasms of some muscles of the eye and face; then follow loss of consciousness and paleness of the face; blood accumulates in the base of the encephalon, and in the spinal cord, resulting in *tonic* contractions of the laryngeal, cervical, and respiratory muscles. These contractions produce asphyxia, in the course of which the sudden cry and fall occur; the asphyxia is succeeded by general *clonic* convulsions; then may supervene contractions of the bowels, of the bladder, of the uterus; erection; seminal emission; increase of various secretions; efforts at inspiration; and, finally, muscular relaxation, with cessation of the fit, followed, possibly by coma, but most usually by fatigue, headache, and sleep. Among the forms of curable epilepsy are those due to syphilis, to slight inflammatory states of the base of the brain, to diseases of the nerves or spinal cord, to worms in the intestines, and to disturbances of the uterine system. In fact, whenever a connection between the fit and some disease from which the patient is suffering can be traced, there is much reason for hoping to effect a cure. Persons having had a blow on the head, and subject to fits many years afterwards, may often be cured by blistering the spot where the blow was received. Application of the actual cautery, or a blister to any part from which an aura may proceed, will often prove effective. If the aura or irritation proceed from the hand, arm, foot, or leg, a blister, an inch wide, may be applied round the limb. A ligature round the limb will also often stop the fits. Both it and the blister produce their effects by causing a modification of the parts of the brain to which the nerves acted upon are related. Blisters are most effective when the base of the brain is affected. Narcotic injections sometimes effect a perfect cure; half a grain of sulphate of morphia, a sixtieth of a grain of atropia, and a minim of dilute sulphuric acid, in fifteen minims of water, should be injected into the part where the *aura* originates. The morphia and atropia, each of which used separately would be dangerous, when used together counteract each other: the one contracts the pupil, the other dilates it, and the general action of each on the system is correspondingly different. The best remedies for epilepsy induced by syphilis are the iodide and the bromide of potassium, taken together or separately. The dose of the bromide must be fifteen or twenty grains two or three times a day. When taken in large doses for a considerable time, it causes congestion of the brain and loss of feeling in the urethra, and probably in the seminal vessels. If the pulse of the epileptic patient be weak, he should take ammonia and quinine. Contrary to the advice of Dr. Watson, iron, which he recommends, should be avoided, unless the fits be due to anæmia or chlorosis. Iron causes alterations of circulation in the brain of a kind not conducive to the cure of epilepsy. If it must be given, the ammonia-citrate of iron, along with aconite in suitable doses, is the best form in which to administer it. The same salt of iron, together with strychnine, may also be given sometimes with advantage. Epileptic coma is best treated by Junod's boot, applied with great care during half an hour. Or ligatures may be placed round the four limbs, in order to impede the venous circulation, and thus the return of blood to the brain. In some cases of paralysis, even when there is no hysteria, a cure will follow a series of epileptic fits. In such cases the cure is probably due to absorption of effused fluid, promoted by the increase of circulation occurring during each fit. This very interesting, but necessarily very hurried, lecture was concluded by the exhibition of several illustrative cases; among them was a girl who has suffered from hemiplegia and paraplegia, from both of which she recovered after having had several fits; and a man who had stopped his own fits "hundreds of times" by clasping his legs, by using ligatures and blisters, and by burning himself.—'Medical Times and Gazette.'

Celebration of the Prince of Wales's Marriage at the Royal Medical College, Epsom.—On Wednesday, the 11th ult., the Collegians and aged pensioners of this Institution celebrated the nuptials of the Prince of Wales and the Princess Alexandra, by a dinner provided by the Council of the College. The chair was occupied by Dr. Thornton, the head-master, and the vice-chair by the Rev. Mr. Hackman, the second master, and out of the 180 scholars of the Institution, 170 were present. The toasts of her Majesty, and of the Prince and Princess of Wales, were of course very warmly received, as were also those of Mr. Propert, the worthy founder of the College, and Dr. Thornton. In order to perpetuate the memory of the late lamented Prince Consort, it has been determined to place a handsome memorial window at the west end of the little chapel belonging to the College, and subscriptions are now being raised for the purpose.

THE MEDICAL CIRCULAR.

WEDNESDAY, APRIL 1, 1863.

TO THE READERS OF THE 'MEDICAL CIRCULAR.'

The rôle of an accomplished Editor in the management of this Journal was played out last week. The Proprietor, in these few lines, records the event, for it is he who is most interested, and he, in taking another editor, will most suffer or most benefit by the change. But however it may be, he gladly takes the opportunity of publicly expressing to Dr. Ross his sincere thanks for the interest he has always manifested in the prosperity and success of the Journal. It is no slight thing to declare, that for the many years during which the proprietor and his late partner and editor, Dr. Ross, were associated, not one misunderstanding ever occurred between them. They met as friends; they part as friends. From the outset, the intellectual pre-eminence of Dr. Ross, joined to great kindliness of disposition, could not fail to be appreciated, and soon kindled that which is hoped will be an enduring friendship. Of his remarkable talent as a writer, whether on political or Medical subjects, the pages of this Journal afford ample evidence. On this point it may truly be said—

"Si monumentum quæris, circumspice,"

for the very first lines in this Journal eleven years ago were penned by him, and his last words will be found at the conclusion of the number which precedes the present. But let it not be said his last words, for it is to be hoped that many a contribution from the same fluent pen will enrich the pages of future numbers, even after the conclusion of the excellent lectures now in the course of publication.

In parting with so experienced an editor as Dr. Ross, it is with no little satisfaction that the Proprietor announces his engagement with a successor equally well qualified. It is contrary to custom to introduce an editor by name, and as long as possible his *incognito* is to be observed. No more, then, can be said of him, than that he is a Physician of good standing; that he has had the advantage of a long training in editorial duties; that he mixes with the highest classes in the Profession, and is greatly respected by all who have the pleasure of his acquaintance. He enters upon his duties with a full understanding of his responsibilities to himself and to his readers, and with a determination to fulfil them honestly, fearlessly, and impartially. Before the conclusion of the current volume at the end of June, his scheme for the more prosperous future of the Journal will be matured and promulgated. Many amendments and changes are in contemplation, which the Proprietor believes will materially add to the utility of the Journal, and consequently enhance its popularity. *Semper floreat!*

THE FINANCIAL STATEMENT OF THE GENERAL MEDICAL COUNCIL.

The General Council of Medical Education and Registration of the United Kingdom have just printed their financial statement to both Houses of Parliament, in accordance with Section 44 of the Medical Act. This statement contains many interesting and instructive features, and commendation must undoubtedly be bestowed upon the frankness with which the details of income and expenditure are exhibited to the Medical public. From these returns we may form a pretty accurate notion of the number of persons who annually enter the Profession in these islands, although, of course, many will neglect the duty of registering if they can possibly avoid it. Sooner or later, however, they will all find the necessity of paying the fee, and enrolling their names, if they have any intention of entering into practice.

Thus it appears that in the year 1862, 413 persons in England paid the fee of 5*l.* each, and all of these must have qualified since January 1, 1859, and the most of them probably obtained their diplomas or licences at a very recent date. In Scotland only 104 persons paid the fee of 5*l.* each in the year 1862, and in Ireland 127 paid the same fee in the same year. This will give a total of 644, who registered during the year, and it may be assumed that this number pretty well corresponds with that of the persons who graduated or received diplomas during the same time, though, of course, for many reasons, the result cannot give perfectly accurate information on this head. To show that many are very tardy in paying even the small fee of 2*l.*, it appears that in England no less than 183 paid the latter sum, they having of course been duly qualified before January, 1859, and having thus avoided the payment for three years; in Scotland only 15 have been thus tardy in their payment; and in Ireland, 27. It will be observed (as might, indeed, have been expected), that by far the greater majority of Medical practitioners belong to the English division; next come the Irish, and lastly (though at no very long interval), the Scoth. From the desire which apparently exists among the Profession to obtain qualifications in addition to those previously held, it is found that 393 in England paid the fee of 5s. each, a great number of these being no doubt those who graduated at St. Andrew's during the year 1862; in Ireland, 54 obtained the additional qualifications, and in Scotland, 24. These figures seem to prove a very laudable ambition for the acquirement of honours derived from a variety of academic institutions or examining bodies, and considering that these additional diplomas or licenses are now obtained almost entirely by means of *bonâ fide* examinations, the amount of study and labour involved on the part of the candidates, to say nothing of the expenditure of money, is a most gratifying testimony of the sacrifices voluntarily made by our Profession. It is only to be regretted that the venture of so much labour and so much money does not ensure a better reward in subsequent pecuniary emoluments and in the estimation of society, than often falls to the lot of our Medical brethren.

Comparing these returns with those made in January, 1862, we find that in the previous year 354 in England paid the fee of 5*l.* each, while 420 paid the fee of 2*l.*, and 346 paid the fee of 5s. for extra qualifications. In the year just expired, therefore, 59 more paid the larger fee of 5*l.* than in 1861, but there were less by 237 who paid the smaller fee of 2*l.*, and there were more by 47 who paid the additional fee of 5s. In the case of Scotland and Ireland, the returns are more uniform for the two years, for in Scotland in 1861, 107 fees were paid of 5*l.* each, 51 fees of 2*l.* each, and 31 fees at 5s. each, and in Ireland, 109 paid the fee of 5*l.* each, 60 paid 2*l.* each, and 46, 5s. each. Thus, in Scotland, 3 less paid the fee of 5*l.*, and in Ireland 18 more paid the same fee. The whole number of those who paid the fees in Scotland in 1862 was less than in the previous year.

With respect to the general finances, they seem to be in a flourishing condition, for the cash at the bankers amounts to the handsome balance of 1,776*l.* 3s. 5d.; 1,512*l.* 14s. 7d., being the balance of the Branch Council for England, and 386*l.* 16s. 9d., that of the Branch Council for Scotland, but

as the balance of our Hibernian friends is on the wrong side, the whole balance is reduced by 123*l.* 7s. 11d., the deficiency of the Irish Branch Council. The latter appear to be unfortunate in their financial operations, for in 1862, they began with a balance against them of 78*l.* 12s. 6d., and in the present year their liabilities are raised to 123*l.* 7s. 11d., and yet their expenditure does not seem to have been at all extravagant, for their fees to Council amount only to 67*l.* 4s. in 1861, and to the still more modest sum of 42*l.* in 1862. The total income of the General Council in 1863 is given at 6,598*l.* 16s. 3d., and in 1862 it was 8,158*l.* 8s. 2d., showing a considerable diminution of income in the present as compared with the past year, but this circumstance is easily accounted for from the fact that the number of those who pay the small fee of 2*l.* must annually diminish, while the number of those who pay the larger fee of 5*l.* cannot be expected materially to increase.

The printing of the Register appears to be a losing concern, for the expenses during the last year were 409*l.* 15s. 7d., while the sale realised only 85*l.* 2s. The expenses incurred on account of the forthcoming Pharmacopœia were 600*l.*, but this sum is likely soon to be repaid with interest, for we are informed, on very good authority, that the book is really completed, and is passing through the press. The only delay now likely to occur is purely of a technical and unavoidable character, and is due to the necessity of transmitting the proof sheets, in succession, to the compilers in this metropolis, in Edinburgh, and in Dublin; but in all probability the volume will be in the hands of the Profession and the public, in about three or four months.

Only one penalty was recovered during the past year, amounting to 20*l.*, while the law expenses of the Council (incurred in 1861), amounted to 62*l.* 10s. 1d. The fact that only one person has been punished in a year for misdemeanour committed in connexion with the Medical Act, proves either that the measure itself is very badly framed, or that the Executive are very apathetic in carrying out its provisions.

Thus we see that during the year 1862, 644 persons have paid 5*l.* each for the registration of their names under the Medical Act, and we may fairly ask, when so high a fee is paid by the hard-worked and ill-paid members of our Profession, what do they receive as an equivalent for their outlay? The answer is practically that they get nothing except a Register which very few people care about buying, and the promise of a Pharmacopœia, which many people will be obliged to buy, whether they like it or not. As for any hope that the Medical Act will protect the Medical Profession, or will discourage quackery, such an idea must be dismissed as an idle and baseless vision. The members of the Medical Council, sitting in lofty state, receive very adequate salaries, for which they do as little as they well can, and the general welfare of the Medical Profession appears to be about the last thing that ever enters their heads. The heathen gods and goddesses are represented by the Greek and Roman poets as sitting indeed in heaven, but actively engaged in sympathy for the fate of mortals below, but the deities who are perched upon the summit of our Medical Olympus, maintain a sublime indifference to the fate of their brethren of the lower world, and while they are active enough in exacting the tribute from the inferior beings, they leave the latter to redress their grievances and fight out their battles for themselves.

SUMMARY OF THE WEEK.

MR. PROPERT AND MR. ADAMS.

Very considerable dissatisfaction is still felt at the silence so pertinaciously observed by Mr. Propert with respect to his conduct towards Mr. Adams in the late case in which the Russells were concerned. It is again alleged that Mr. Propert has acted a most unfriendly part towards a professional brother, and that he has gone out of his way to back up the Russells by the weight of his respectability. All who know Mr. Propert will acquit him of any malignant motive towards Mr. Adams, but still his behaviour requires more explanation than has yet been given. It is probable that his good-nature has been imposed upon, but if so, his best plan would be to set himself right with the Profession by admitting his error, and thus making the *amende honorable* to Mr. Adams, who has been grievously ill-used in the whole affair.

INSANITY AND CRIME.

Our contemporaries are giving a great amount of space to the discussion of the relations existing between insanity and crime, and of the plea of insanity in criminal cases. The man Fooks who was hanged on Friday last, was considered by many medical authorities to have been a homicidal monomaniac, and Dr. Harrington Tuke strongly advocated that view of the case. The miserable wretch Burton also, who murdered a boy on Chatham-lines last summer without the slightest provocation, is likewise considered by some psychological physicians and others, to belong to the same category; and Mr. Fayle, of Chatham, deposed that the mother of the accused was lunatic and suicidal, and that Burton himself was labouring under moral insanity. The 'Saturday Review,' however, and other non-professional papers, ridicule the idea of homicidal mania, and applaud the summing-up of Mr. Justice Wightman, who considered that positive injury or disease of the brain must be proved, or that insanity could not exist. In our opinion, Mr. Justice Wightman, in this judicial dictum, uttered a tissue of nonsense. The question is, no doubt, a very perplexing one, but that homicidal mania may exist without any perceptible or demonstrable lesion of the brain is an undoubted fact. Law, like Medicine, has its anomalies, and while it hangs lunatics, it is mercifully considerate to highway robbers and other ruffians, who are the pet-lambs of our humane legislators.

MEDICINE IN CANADA.

We have received the first number of the 'Canada Lancet,' which the Editor introduces to notice in a very modest preface. It is stated that the object of the Journal is to make itself practically valuable to the general practitioner, and that it will, therefore, present a monthly record of most subjects that are new and valuable in Medical Science from all parts of the world. It is announced with regret, that the 'British American Journal' has ceased to exist, and the Profession in Montreal are invited to unite together in encouraging the able Editor to resume his labours.

THE INCOME-TAX.

Mr. Hubbard made another unsuccessful attempt in the House of Commons last Wednesday, to adjust the Income-tax in a fairer manner towards persons having precarious modes of subsistence. The present tax presses most severely upon the members of our Profession, and we understand that many of our brethren, supported by the Medical corporations, petitioned in favour of Mr. Hubbard's resolution, which was, however, rejected by a large majority.

THE GRIEVANCES OF THE POOR-LAW MEDICAL OFFICERS.

Our indefatigable friend, Mr. Griffin, has recommenced his career of activity in favour of the Poor-law Medical Officers, and is making a vigorous effort to engage the attention of the Legislature in redressing their wrongs. Undeterred by opposition, and undaunted by the apathy of too many of his own class, he consistently pursues the tenour of his way, and he has just issued a pamphlet in which he relates, for the benefit of all Poor-law Medical Officers, but especially of those who have lately joined the Poor-law Service, the whole history of his struggles to obtain justice. He is now engaged in preparing an entire answer to the evidence of Mr. Cane, one of the Poor-law Inspectors, whom Mr. Griffin charges with unfairness.

CASE OF DOUBTFUL PATERNITY.

As we are going through the Press, a case is in progress involving the character of a member of our Profession, and also the question of the size and weight of a seven-months' child. In a cause in the Divorce Court, a husband sues for a divorce from his wife on the ground of improper conduct with a Medical gentleman who attended her. The husband went to India, and seven months after his return to this country, his wife was confined. Medical evidence was called on both sides, but it does not appear that the child was measured or weighed, and the practitioner who attended the lady in her confinement, is dead. Although the Judge summed up rather strongly in favour of the respondent and co-respondent, the Jury ultimately returned a verdict for the petitioner with 2,000*l.* damages.

REVIEW OF THE PERIODICALS.

The 'British Medical Journal.' Mr. Bryant commences a course of Lectures delivered before the Medical Society of London, on the "Surgical Diseases of Children." In the present lecture he only introduces the subject, making some remarks upon the different aspect and causes of diseases presented by the child as compared with those of adult life, the difference depending upon the greater activity of cell-growth at the early periods of existence. Dr. Lionel Beale makes some spirited remarks on Dr. Chambers's assertion, that disease is in all cases a deficiency of action; and he asserts, in opposition to Dr. Chambers, that in disease there may be excess or there may be deficiency of action, and that disease is not, as Dr. Chambers alleges, in all cases a negation, a deficiency of action, or partial death. Mr. J. K. Spender relates an interesting case of "Diseased Heart in a Child," the cause of the affection being a previous attack of hooping-cough, and he makes some judicious remarks on the nature and treatment of cardiac apnœa. Dr. Walker continues his articles on the "Laryngoscope." There is a very good leading article in this journal, entitled, "Law *versus* Medical Science," in which the writer points out the anomalies at present existing in the law upon the plea of insanity in criminal cases and the absurd views often entertained by the judges as to the value of medical evidence. The law, in fact, requires an exact definition when none can be given, and the medical witness is reproached because he does not possess the gift of omniscience and the powers of decribing what is passing in the mind of the criminal or the lunatic, whichever he may be. In another article some practical difficulties are started in opposition to Dr. Brady's Diseases Prevention Act.

The 'Lancet.' The third lecture by Professor Huxley, delivered at the Royal College of Surgeons, is devoted to the "Structure and Development of the Human Skull," and it is illustrated by numerous diagrams, traced by white lines on a black ground, made during the progress of the Professor's lecture. Mr. Benjamin Daniel contributes a rather remarkable case of "Disease of the Shoulder," which at one time was believed to be fungus hæmatodes, and at another was regarded as a large abscess, but the swelling eventually disappeared, leaving considerable deformity, but not so great as to threaten danger or to prevent the patient from following a light employment. Mr. Ernest Hart offers a clinical note on the "Extraction of Cataract," this being the operation for which he has a decided preference, and he points out some useful means of diagnosis, particularly by the careful examination of the *retinal phosphenes* by pressure. It is a well known subjective virtue of the retina that the presence of a solid body in the eye produces a more or less luminous spectrum, resembling a brilliant white flame. Four phosphenes are described, according to the part where they appear—namely, the frontal, jugal, temporal, and nasal, and when they are all produced, a healthy condition of the retina may be assumed.

The 'Medical Times and Gazette.' The first article in this journal is a lecture on the "Classification of the Animal Kingdom," delivered by Professor Huxley, at the Royal College of Surgeons. The subjects particularly described are among the lowest forms of animal organisation, such as the actinozoa, the polyzoa, and the brachiopoda, and the lecture is illustrated by a number of very well executed diagrams. Mr. Fred. J. Mason writes a short paper on a case of "Intra-capsular Fracture of the Cervix Femoris of a Female," where ossific union was supposed to have taken place, the limb having been supported by a Liston's long splint, and the patient being kept in bed for ten weeks. She eventually recovered and was able to walk without either crutch or stick. Mr. Spencer Wells relates the particulars of seven cases of Ovariotomy occurring in private practice, all of them being successful except one, and in this Mr. Wells thinks the operation was not performed early enough. Dr. Kenneth McLeod concludes his cases exemplifying the good effects of Hydrocyanic acid in the treatment of Insanity. Dr. Anstie commences a very interesting report on the "Physiological Action of Podophyllin," his objects being to ascertain the doses respectively in which this drug is a safe, and those in which it is a poisonous agent; the nature of the catharsis, set up by different doses respectively; the symptoms and anatomical appearances resulting from medicines, and those resulting from poisonous doses administered to the lower mammalian animals. In the present communication, Dr. Anstie confines his investigations to the action of podophyllin on dogs and cats. The drug was injected in the form of alcoholic solution into the peritoneum, and the symptoms and post-mortem appearances were carefully observed. The general results were that no peritonitis ensued in any case, nor could any dangerous symptoms be noted as arising from the alcohol in the solution, but vomiting and purging were generally induced, and in all the cases inflammation, and more or less ulceration were found in the alimentary canal.

The 'American Medical Times.' Dr. Detmold continues his lectures on "Military Surgery," the present lecture containing some practical remarks upon the subject of pyæmia or pyoseptæmia, as he thinks it ought more properly to be called. Mr. David R. Smith communicates some experiences in "Military Surgery," gathered by him during the progress of the present civil war. His remarks chiefly refer to injuries of the thigh and leg, and he advocates amputation at the knee-joint whenever it is practicable, and in cases of amputation of the thigh, the limb should be removed as near the knee-joint as possible. In a leading article, the provisions of a New Lunacy Commission Bill are criticised and censured, the writer thinking that the remedy proposed is insufficient to meet the evil. According to our Transatlantic contemporary, the condition of the insane in America is very unsatisfactory, the system of restraint and even punishment being still retained, and the patients being too often ill-clad or not clad at all, and kept in

dark, dirty, and ill-constructed buildings. A case is related occurring in Philadelphia, showing what danger may result to the reputation of a practitioner who administers anæsthetics to female patients, without the presence of a third party:

"It appears that the Guardians of the Poor sent a physician to attend a poor woman suffering from prolapsus uteri. As she relates the story, a female friend who was with her left the room. The doctor locked the door, and put the key in his pocket. She lay down on the bed and drew the sheet over her face, upon which the doctor proceeded with the examination. His movements rendering her suspicious, she uncovered her face, and saw that his person was exposed. She then ordered him to leave the room, and naturally expressed much indignation at his taking advantage of her weak and defenceless condition. The doctor denied the accusation, but she would not listen to him, and he left the house. She then went to the office of the Visitor of the Poor, and information was communicated to the Guardians of the Poor, who sent to the Mayor, and he had a warrant issued for the arrest of the doctor. On examination before a Justice, he denied in the most positive manner the charge which she made. 'Whatever may be the merits or demerits of the parties concerned in this case,' says the Editor, 'it is evident that the reputation of the practitioner who uses the speculum without the presence of a third party, is at the mercy of his patient.'"

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, Feb. 4th, 1863.
Dr. Oldham, President, in the Chair.

The following gentlemen were elected Fellows of the Society:—W. Bannister, Esq.; A. P. Owen, Esq.; and Dr. G. Simpson.

After a short address from the President upon his assumption of office,

Dr. Tyler Smith read a communication from W. W. Wiseman, Esq., and exhibited a part of the funis of a still-born child in which a double knot was found. The knot was apparently the cause of death. It was the second child in a twin case, the first being born alive.

Mr. I. Baker Brown read a paper

ON VESICO-VAGINAL FISTULA, THE MODE OF OPERATING, AND THE RESULTS OBTAINED IN FIFTY-FIVE CASES AT THE LONDON SURGICAL HOME.

In the first part of the paper the author gave an account of the method at present followed by him in operating. The various steps of the same were illustrated by drawings. No bars or clamps are used. The knives employed are two—one for the right hand, and one for the left. The needles, of various curves, forming a series fourteen in number, are on the same principle as Startin's, but of rigid material. They are armed with wire, and thrust through the pared edges, great care being taken to avoid the mucous coat of the bladder. The two ends of the wire are simply twisted round and round, and so fastened. The patient is afterwards laid on the side, and a male elastic catheter, with bag attached, kept in the bladder. She is kept quiet ten or fourteen days, and the wires removed. The operation is often completed in ten minutes.

The total number of cases of vesico-vaginal fistula admitted into the London Surgical Home since its foundation four years and a half ago is 58. Of that number, 55 were submitted to operation, with the results as shown in an accompanying table. The remaining 3 were not operated upon in consequence of the bad condition of bodily health, the result of syphilis. Of the 55 cases treated, 53 were operated upon by the author, 1 by Mr. Nunn, and 1 by Mr. Harper. Of the total number of operations, 43 were followed by perfect cure, 1 was much relieved, 2 died, 5 were not cured, and 4 are still under treatment, with every prospect of cure. Of the 43 cures, in 24 this result followed the first operation, including the cases of Mr. Nunn and Mr. Harper; in 8 the cure occurred after the second operation; in 5 after three operations; and in 6 after more than three operations. Of the other cases which were not cures details were given in tables exhibited. Of the 2 fatal cases, 1 died eighteen days after the operation, apparently from exhaustion, the age of the patient being fifty-six; the other died seven days after from pyæmia.

With regard to the causes of vesico-vaginal fistula, of the 58 cases admitted into the London Surgical Home, 47 were over twenty-four hours in labour, and 39 were as much as thirty-six hours or more; 7 were two days, 16 were three days, 3 were four days, 2 were five days, 2 six days, and 1 seven days.

In the whole number of cases, instruments were used in 29, exactly one-half; and in 4 only of these was the labour less than twenty-four hours, and with 7 exceptions the patients had been thirty-six hours or more in labour before instruments were used.

Of the 58 cases, in 24 only the injury happened at the first labour, in 7 at the second, in 5 at the third, in 4 at the fourth, in 6 at the fifth, in 2 at the sixth, in 5 at the eighth, in 1 at the ninth, in 1 at the thirteenth, in 1 at the fifteenth, and 2 not mentioned. In many of these cases, notwithstanding the existence of the fistula, the patient bore several children, apparently without inconvenience, before coming under treatment; and in a few of them, subsequent to cure by operation, other children have been born without recurrence of mischief. In a large proportion of the cases there is a history of the birth of a very large child; in some it weighed 15 lbs.; and in one, that of the woman in whom the lesion happened at the fifteenth labour, the child weighed 17 lbs.

From the foregoing statistics it is evident that the cause of the lesion is protracted labour, and not the use of instruments or deformity of the pelvis; and, as a necessary conclusion to what has been stated, it follows that vesico-vaginal fistula would scarcely or never occur if a labour were not allowed to become protracted: this is a point for the careful consideration of the Society and of practitioners at large.

A printed tabulated statement as to the 55 cases operated on was handed round. Mr. Brown further stated that he had had 11 other cases under his care in St. Mary's Hospital, and 6 in private practice, making a total in his own experience of 58 cured; 34 by one operation, 11 by two operations, 5 by three, and 8 by more.

Mr. Bryant remarked that the essential steps of the operation might be divided into two. First, to make a clean and even dissection of the margin of the fistula; and secondly, to bring the edges together, and to keep them there. Both points were of equal importance, for if either was imperfectly executed, failure would necessarily follow. He differed from the author respecting the use of the forceps and scalpel in carrying out the first steps of the operation. He had been led to the formation of his pronged guide, a description of which would be found in the 'Transactions of the Medical Society of London.' By this instrument a clean section of the margin of the fistula, however large it may be, is absolutely guaranteed. Every operation which he had undertaken since its introduction had been followed by immediate success. Respecting the second step of the operation, he generally preferred metallic sutures. He believed that it was unnecessary, as also injurious, to leave the sutures in after union had taken place. Failure had followed such a practice. Respecting the use of opium in the after-treatment, on which Mr. Brown had been silent, he was disposed to recommend that enough be given to keep the bowels at rest, but nothing more. He would inquire of Mr. Brown also how long the catheter was retained in the bladder after the operation? His experience had told him that a periodical introduction only was necessary.

Mr. Nunn believed that further observation would show, as it had shown in a case he referred to, that in some cases the retention of the catheter in the bladder was not always safe; that ulceration was liable to ensue. This was a point requiring careful consideration.

Dr. Braxton Hicks thought that, from what he had seen, more injury was done by long-continued pressure than by a more forcible one of short duration. It was impossible to lay down any rule as to the time the head could remain with impunity, for in a case of vesico-vaginal fistula he had seen the labour was of average duration, and never severe. Although he considered, in good hands, the forceps could be safely used, yet before we could assent to the inference drawn by Mr. Baker Brown we must be certain that no other injuries would be produced by the forceps worse than vesico-vaginal fistulæ, injuries which might possibly prove early fatal, and thus not give time for the development of fistulæ.

Dr. Oldham saw nothing in the communication made to the Society, valuable as it was, to induce him to vary a hair's-breadth from the precautionary precepts for the employment of instruments in protracted labour which were recognised and advocated by the best British obstetric authors. He felt persuaded, from his experience of cases which had come before him, that the more frequent employment of instruments would result in the laceration of the structures at the floor of the pelvis, particularly the laceration through the sphincter of the rectum, an accident only second to that of vesico-vaginal fistula in its distressing results, and which involved a most painful and formidable operation.

Dr. Tyler Smith observed that in laying down a rule of practice it was especially necessary to employ precise language. If Mr. Brown had employed the term labour with impaction, instead of protracted labour, he should have agreed with him. We might have protracted labour from many causes, some of them not necessarily injurious to the mother, but we could not have continued impaction of the head without the risk of injury to the soft parts of the mother, and impaction should therefore never be allowed to go on unrelieved. In performing the valuable operations which had been devised for these distressing conditions, he (Dr. Tyler Smith) thought it should be laid down as a principle, that in repairing one organ the integrity of the neighbouring organs should be respected. This applied, in the operations for vesico-vaginal fistula, to the rectum, ureters, and the os uteri. In some of the cases related the os uteri had been closed, and the menstrual fluid left to escape *viâ* the bladder, or the urine to pass per rectum. These evils were scarcely less than those they were intended to remedy. Fatal results had followed from closure of the os uteri. Very recently he had seen a remarkable case where the os uteri ha

been closed in a plastic operation, which seemed perfectly justifiable, for the relief of utero-vesical fistula. A perfect cure was the result as regards the urine for the time. Menstruation occurred through the bladder, but the patient in a few months became pregnant. The urethra was of moderate size, and there seemed no other explanation than that the spermatozoa must have passed from the vagina through the urethra and bladder to the uterus. The result of this and other cases satisfied him that it was not a safe practice to close the os uteri, or to invade other organs, but that the plastic operations should be limited as far as possible to the closure of the original fistulæ.

Dr. Rogers agreed entirely in the remarks made by the President and Dr. Tyler Smith. With reference to the mode of operation recommended by Mr. Brown, he thought it was undoubtedly the best. He considered Mr. Brown and other gentlemen were entitled to great praise for their untiring labours in rendering these formerly hopeless cases amenable to treatment.

Mr. Baker Brown, in reply, said that he supposed the prong mentioned by Mr. Bryant to be similar to that invented by Mr. Hilliard, of Glasgow. He had tried it, and found his old plan easier and quicker. In America, Drs. Sims and Bozeman did nearly all the denuding of the edges with scissors. This made the operation very long. But if the knife was first used to mark around the fistula how much was to be taken off, and then, by means of a fine pair of forceps, the edges were made tense, Mr. Brown said that the whole fistula might be denuded, taking out a complete ring—a matter of great importance. In regard to the sutures, Mr. Brown stated that he greatly preferred wire, although Dr. Hayward, of Boston, U.S., used silk in preference. Mr. Brown had by this gentleman's advice used silk in one case with a good result. But they were more liable to slough, and the wires, from their stiffness, had the advantage of keeping the edges more in apposition, and so ensuring a greater depth of union. But the sutures to be used should, Mr. Brown thought, be silver, not iron, as recommended by Dr. Simpson, of Edinburgh. Mr. Brown expressed a very strong opinion in favour of keeping the sutures in long enough—never less than nine days. He believed no harm ever resulted from retaining them in longer; but in one case he had had, he removed them on the sixth day, at the patient's request. The fistula appeared quite healed. She got up next day, contrary to advice, and the whole burst open again. She was re-operated on; the sutures were left in a sufficient time, and a cure resulted. Mr. Brown had made experiments, and kept silver sutures in for six and nine months, and no trace of ulceration appeared. Mr. Brown considered that opium should be given only in sufficient quantities to keep the bowels quiet—one grain immediately after the operation, and repeated night and morning, according to the circumstances of the case. Many patients cannot bear the catheter, especially the leaden one, but Mr. Brown had seldom found the male elastic catheter to cause irritation. Perhaps in time we might gain sufficient confidence in the operation to allow the patient to pass her urine as required, but at present it was better to retain a catheter, or when that was not tolerated, to pass one when needful. He had purposely used the term protracted without reference to the cause of protraction, for it was very rarely that a medical statement could be obtained. It was necessary, therefore, to take only the statement of the patient as to the duration of labour. When the head was impacted, Mr. Brown would deliver as soon as possible by forceps. He quite agreed with Dr. Tyler Smith as to the necessity of maintaining the integrity of the other parts in these operations. Of the two cases on which he (Mr. Brown) had operated, and where the patients subsequently menstruated per urethram, in one, the patient having been under many operations in other hands for some years, the os had already been interfered with either by sloughing or by the operation, and only one small opening, as described, remained to be closed. There was, therefore, nothing left to do but to close the opening, regardless of the menstrual flow. The patient had done well. No inconvenience had arisen, and she was grateful for the benefit received. In the other, that lately brought before the Society by Mr. Chapman, the os uteri was already closed by cicatrization, after extensive sloughing, and therefore Mr. Brown had nothing to do with its occlusion. He considered that the two terms, vesico-vaginal and vesico-uterine fistula, were not used with sufficient caution. Although the os uteri might often be involved in vesico-vaginal fistula, the true vesico-uterine fistula was when the hole was high up in the cervix, urine dribbling through the os uteri, although no aperture from the bladder was visible. This was the kind of which Jobert had related seven cases, Dr. Fleetwood Churchill one, and which had lately been so well described by Mr. James Lane, who had had one case. In all these the treatment had been to close the os, so that the patient menstruated per urethram. He (Mr. Brown) had never had such a case, but he thought that the treatment adopted was decidedly the lesser evil, and if the patient, on having the case laid before her, was of the same opinion, he considered it perfectly justifiable. The case Mr. Nunn had mentioned showed that by leaving a vesico-vaginal fistula alone, other evil results, besides the inconvenience, would arise.

WESTERN MEDICAL AND SURGICAL SOCIETY.

Friday, February 20.

Dr. Baines, Vice-President, in the Chair.

A paper by Dr. Anstie, was read on

THE THERAPEUTICAL VALUE OF COD-LIVER OIL IN CHRONIC CONVULSIVE DISEASES.

The author's attention had first been directed to cod-liver oil as a remedy for affections of this class in consequence of his obtaining some years ago an unexpected success with it in a case of chorea, which had resisted all the ordinary modes of treatment. The convulsive diseases in which the author has employed cod-liver oil are paralysis agitans, simple epilepsy, chorea, and mercurial tremor, and in all these affections it has appeared to be more constantly useful than any other medicine. Of paralysis agitans, four cases were detailed, of which three were very decidedly improved, and one of them may have been said to be cured, although the affection had been very severe. Of chorea, one case was detailed, and others were alluded to in which the benefit produced was very marked. Of mercurial tremor, one most remarkable case was related, in which the cause of the mischief was a very unnecessary salivation inflicted by medical authority some thirty years previously; the patient was attacked immediately afterwards with dreadful tearing pain in the muscles of the forearms and calves, and with violent muscular tremors, and ever since that time she has been liable to a recurrence of the symptoms when much fatigued or depressed from any cause. On application to Dr. Anstie, at the Chelsea Dispensary, cod-liver oil was prescribed and persisted with for five weeks, at the end of which time all the symptoms had perfectly disappeared, the patient declared that she had never been cured before in less than six or eight months, and she doubted whether any other medicine than the oil had ever really done her any good. Twice since she has had slight recurrence of the symptoms, but a short course of cod-liver oil has on each occasion given complete relief. Of simple epiplepsy, twenty cases were given, in which the treatment had been confined to the use of cod-liver oil. Of these there were five upon whom no good effect whatever was produced; seven had completely recovered; two had disappeared from supervision at a time when they were rapidly improving, although they could not be said to be cured; in two others the mental symptoms had greatly improved, but the fits remained as before. Four patients remain still under supervision; in two fits have ceased, although there are still frequent prodromata; and in the remaining two but little good has yet been effected. Besides this general summary of results, Dr. Anstie detailed the particulars of three cases which, from their severity, might be said fairly to test the remedial power of the oil. The patients were respectively a girl, aged seventeen, a boy, aged thirteen, and an infant, aged seven months; in all of them the fits were very frequent and severe, and the nervous system exhibited signs of great depression. The case of the infant was specially noticeable, because it was proved by microscopic inspection that the milk of the mother was very deficient in oily matter, and it appeared that in a former infant of the same mother precisely the same train of symptoms had appeared, and had terminated fatally. In all these three cases the treatment had proved perfectly successful, and the author commented strongly on the fact that in all these cases the general nutrition of the body had been excellent, and only that of the nervous system had appeared deficient, and said that the conclusion appeared inevitable that the oil had expended itself in enriching the nervous centres. This, indeed, was the principal point of the paper. The author directed attention to Dr. Radcliffe's remarks on the necessity of fat to the nutrition of the nervous centres, and mentioned the fact that that gentleman had found cod-liver oil of the highest value in the treatment of convulsive diseases. He observed, also, that the beneficial action of cod-liver oil was quite consistent with what we know of the action of the few other remedies which careful therapeutical investigation has credited with a really beneficial action in chronic convulsive diseases. Steel, arsenic, quinine; all these may fairly be spoken of as foods. With regard to sedatives, the author remarked that in the first place the good effects which could be expected from them were chiefly temporary, and such as result from breaking through for a time the evil habit, so to speak, of a convulsive action. Secondly, and this was most important, there was strong reason to believe that it is not the really narcotic effect of these remedies which are of service in preventing or arresting convulsive action, but merely the stimulant effects which can be obtained from small doses; for there is no class of remedies which is more useful in preventing or arresting convulsions than the pure stimulants. The author concluded his paper by deprecating strongly any return to the absurd system of hunting about blindly for "specifics" for chronic convulsive diseases. The progress of clinical observation was blasting the reputation of one after another of the strange, out-of-the-way remedies which had once been accepted with the blindest faith, and was pointing unmistakeably to a rational treatment of convulsive diseases by means of medicines whose action it is possible to understand.

ARMY MEDICAL SCHOOL, FORT PITT.

The following are the questions put to the candidates for assistant surgeoncies in the army at the examinations held at the close of the winter session 1862-63.

MILITARY MEDICINE.—(Prof. Maclean.)

1. What do you understand by the term malaria? Describe the conditions under which it is generated, the forms of fever it produces, its influence on the fluids and solids of the human system, and the manner in which this poison modifies and alters the type, progress, and phenomena of tropical diseases generally.

2. Describe the symptoms in a case of uncomplicated remittent fever. Show where they differ from, and where they resemble, those of true yellow fever; the organs most prone to suffer in the course of the disease; the tendency to death; with a sketch of the leading principles of treatment and mode of using the therapeutic agent most relied on in the cure of the disease.

3. Give a definition of dysentery, pointing out the various forms of the disease, and the circumstances which determine the development of each. Then describe the symptoms, pathology, and treatment (*a*) of uncomplicated sthenic, and (*b*) of malignant dysentery of camps.

Practical examination.—Make an examination of the case of ——. (Twenty minutes are allowed for the examination. Written notes may be taken.) You are required to write concisely a history of the case; your diagnosis, prognosis, the probable effects of treatment, and the influence of the disease or injury on the man's fitness for service as a soldier. (Half an hour is allowed for this description.)

MILITARY SURGERY.—(Prof. Longmore.)

1. Name concisely the characteristic features of the various kinds of wounds—punctured, incised, lacerated, and gunshot—caused by implements of warfare. Select any class of such injuries you choose, for the purpose of illustrating the manner in which the treatment proper in civil hospitals may have to be modified in field hospitals, owing to the circumstances in which troops are usually placed in campaigning. Also enumerate the chief consecutive accidents which have to be guarded against in field hospitals, where many wounded are placed together.

2. Name the symptoms of a perforating bullet-wound of a lung, and describe the natural process of cure in case of recovery. State whether similar symptoms may be presented by other injuries, and if so, name what those injuries are.

3. Name the eight books and registers which the medical regulations require to be kept at every regimental hospital by the medical officer in charge. Describe briefly the purpose of each book, and the regulated manner in which its entries are ordered to be recorded.

Practical examination.—The same as in Military Medicine, *mutatis mutandis.*

HYGIENE.—(Prof. Parkes.)

1. State precisely how, and to what extent, air is vitiated by respiration and cutaneous transpiration; what quantity of air is required by a healthy adult in a given time, and how this air can be best supplied.

2. What are the principal impurities of drinking water, and what effects do they produce?

3. What are the weights of the accoutrements of the Infantry soldier, and what effects do ill-adjusted weights produce?

4. What are the chief diseases causing men to go into hospital on home service and in the three Mediterranean stations, and how may these diseases be prevented?

Practical examination.—First day: Examination of water and beer chemically. Examination of a mixture of starches microscopically.

Second day: Examination of milk and lemon-juice chemically. Examination of chicory microscopically.

PATHOLOGY.—(Prof. Aitken.)

1. Describe in detail the method of opening a dead body for the purpose of making a post-mortem examination, and the methods, or incisions required, for removing all the viscera from their respective cavities in such a condition that their morbid states and relations may best be seen.

2. State the average height of "growing lads" at the age of eighteen, and of "men" at the age of twenty-five to thirty, as determined by accurate measurements.

3. Enumerate, by name, the bones of the human skeleton which are incomplete at the age of eighteen. Describe in how far they are incomplete or unfinished as to growth, and the events which take place to complete the skeleton between the ages of seventeen and twenty-five.

4. Explain the pathological meaning of the terms "venereal" and "syphilis."

5. Mention the points to be specially ascertained and recorded in the pathological observations and descriptions of syphilitic sores or ulcers.

Practical examination.—1. Describe the lesions which are shown by the preparations numbered respectively 1, 2, 3, 4, and 5.

2. Describe how the lesions in numbers 1, 2, 3, and 4, may have originated.

3. Examine microscopically the specimens of urine in the test-tubes before you, and state their microscopic contents.

4. Examine microscopically the material in the gallipots before you, and state what it is.

5. Determine the magnifying power of the combination of lenses in the large microscope.

NEW ARMY MEDICAL WARRANT.

Circular No. 808 (*Relative Rank*).
(Victoria R.)

Whereas we have judged it expedient to cancel our Royal Warrant of 28th March, 1861, which assigns the relative rank of junior major to certain staff and regimental surgeons of our army, and to revise those parts of the several other Royal Warrants now in force, prescribing the privileges attaching to relative ranks of officers of the Civil Departments and non-combatant officers of the Military Departments of our army; our will and pleasure is, that such privileges shall, from the date of this our Royal Warrant, be regulated as follows:—

Relative Rank shall carry with it all precedence and advantages attaching to the military rank with which it corresponds, and shall regulate the rates of lodging-money, number of servants, rations of fuel and light or allowances in their stead, detention and prize money according to the regulations and upon the conditions in force from time to time; but such relative rank shall not entitle the holder to military command of any kind whatsoever, nor to the presidency of courts-martial, courts of inquiry, committees, or boards of survey, but when the presidents of such courts, committees, or boards shall be junior to the officer of the Civil Department, then such member of the Civil Department shall attend as a witness, and not as a member. Choice of quarters shall be regulated by relative rank according to date of commission, except in the case of commanding officers' quarters, and in cases in which special quarters shall be permanently appropriated with the approval of the Secretary of State for War.

Relative rank shall not entitle the holder to salutes from ships or fortresses, nor to the turning out of guards, but it shall entitle him, if commissioned, to salutes by sentries or by individual soldiers.

Honorary rank of paymasters shall carry with it all the privileges and advantages attaching to relative rank of corresponding degree.

All commissioned officers serving with the troops shall be entitled to funeral honours according to relative military rank.

Given at our Court of St. James's, this 7th day of March, 1863, in the twenty-sixth year of our reign.

By her Majesty's Command.

(Signed) G. C. Lewis.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.

March 24th, 1863.

BIRTHS AND DEATHS REGISTRATION (IRELAND) BILL.

The Marquis of Clanricarde, before their Lordships went into committee on this Bill, wished to present petitions from the Poor-law Guardians of the Unions of Limerick and South Dublin, praying that the expense of carrying the Act into effect might be defrayed out of the Consolidated Fund, and not out of local rates, and that the Guardians be allowed to appoint the registrars. He had also a petition to present from the King and Queen's College of Physicians, objecting to the appointment by Boards of Guardians of officers to be called superintending registrars, to be placed over the medical men who were to discharge the functions of registrars. He believed that the bill would be utterly inadequate for scientific purposes. In cases where medical men refused to act, the Guardians were to appoint whom they pleased as registarrs, whether they had the necessary scientific acquirements or not. Returns were to be made quarterly, but they would be useless in a sanitary point of view. It was idle to suppose that the operation of this Bill would furnish reliable sanitary information. It would be better to expunge that portion of the measure altogether, and introduce it as a separate Act.

The Earl of Bandon believed that, in the absence of the great majority of the Irish representative Peers, as well as from regard to the importance of the subject, it would be desirable to postpone the consideration of the Bill till after Easter. His experience of twenty years as chairman of a Board of Guardians led him to

believe that it was most unwise to mix up any other expenditure with that incurred in the relief of the poor. A great change in fiscal matters was proposed to be introduced by this Bill, which ought only be introduced, if at all, with great deliberation. He, moreover, entertained the opinion that the Government would have acted much more wisely in endeavouring to settle the questions affecting the registration of marriages at the same time with those connected with the registration of births and deaths. (Hear, hear.) Legislation was proposed on that part of the subject which had not been considered by the Select Committee of the House of Commons, and that portion which had most fully engaged the attention was not touched by that measure at all.

The Earl of LEITRIM commented upon the details of the measure, some of which, he thought, were capable of improvement.

Their Lordships then went into committee.

Clauses up to 21 inclusive were agreed to, with amendments.

The Marquis of CLANRICARDE moved an amendment in clause 22, altering the title no be given to clerks of Unions from "superintendent registrars" to "superintendents of registers."

The Earl of St. GERMANS opposed the amendment.

After a short conversation their Lordships divided, when the numbers were:—Contents, 32; Non-contents, 5—Majority against the amendment, 27. The clause was then agreed to, as were also the remaining clauses of the Bill.

Births, Marriages, and Deaths.

BIRTHS.

BELL.—On the 15th ult., at Sylvan cottage, Kingskettle, Fifeshire, the wife of J. M. Bell, M.D., of a son.

BETHUNE.—On the 22nd ult., at Rutland place, Edinburgh, the wife of Norman Bethune, M.D., of a daughter.

BRAID.—On the 19th ult., at Springfield, Neston, Cheshire, the wife of J. Braid, M.D., of a daughter.

CARTER.—On the 21st ult., at Chudleigh, Devonshire, the wife of Graham Atherley Carter, M.D., of a daughter.

GRIBBLE.—On the 15th ult., at Cullompton, Devon, the wife of William Gribble, M.R.C.S.E., of a daughter.

HARRISON.—On the 23rd ult., at Hamilton terrace, St. John's wood, Margaret, widow of the late J. Harrison, M.D., of the Bengal Medical Service, of a daughter.

HITCHINS.—On the 7th ult., at Brailes, Warwickshire, the wife of Thomas Henry Hitchins, M.R.C.S. Lond., of a daughter.

LLOYD.—On the 21st ult., at City road, the wife of Edmund Lloyd, M.R.C.S.E., formerly of Wakefield, of a son.

MACKAY.—On the 13th ult., at North street, Elgin, the wife of J. W. Norris Mackay, M.D., of a daughter.

PLAYNE.—On the 16th ult., at Maidenhead, the wife of A. Playne, M.B., of a daughter.

STILES.—On the 21st ult., at Spalding, the wife of H. Tournay Stiles, M.D., of a son.

WHITE.—On the 8th ult., at Winton terrace, Rathgar, the wife of Dr. R. Persse White, of a daughter.

MARRIAGES.

HEAD—NUGENT.—On the 14th ult., at Kingstown, H. Haswell Head, M.D., of Lower Fitzwilliam street, Dublin, to Harriette Annette Catherine, daughter of the Viscountess Bangor and A. Nugent, Esq.

PARK—SMITH.—On the 18th ult., at Laurel bank, Broughty ferry, J. Hall Park, M.D., L.R.C.S.E., to Eliza Proctor, second surviving daughter of the late John Smith, Esq., of Harecraig, Factor to Lord Douglas.

SERGEANT—GRAY.—On the 21st ult., at Liverpool, T. W. Sergeant, Surgeon, to Miss Fanny Gray, daughter of the late J. Gray, Esq., of Liverpool.

WALTER—PALMER.—On the 24th ult., at Warblington, F. Walter, Surgeon, of Portsea, son of the late H. G. Way, Esq., of Portsmouth and East Cosham cottage, to Ann Ives, daughter of E. Ives Palmer, Esq., of Wade court Manor, Warblington, Hants.

DEATHS.

EDGAR.—On the 17th ult., at Dalswinton, near Dumfries, Theodore Edgar, L.F.P.S. Glasg., late of Birkenhead.

HOLLIER.—On the 18th ult., at Hammersmith, E. Hollier, M.R.C.S.E., late of the 37th Regiment, aged 72.

HUTCHESON.—On the 24th ult., at Bath place, Wellington square, Ayr, W. Hutcheson, M.D.

MACLEAN.—On the 20th ult., at Liff, Forfarshire, D. R. Maclean, Student of Medicine, aged 23.

MAYOU.—On the 17th ult., at Monmouth, J. Mayou, M.R.C.S.E., aged 67.

ROWLEY.—On the 21st ult., at Lichfield, T. Rowley, M.D., aged 73.

HOWEL MORGAN, ESQ., F.R.C.S.—At the opeing of the Assizes recently, Sir G. W. W. Bramwell, one of the Barons of her Majesty's Court of Exchequer, was escorted into the town of Bala by the High Sheriff of Merionethshire, Howell Morgan, Esq., accompanied by his chaplain, and attended by an imposing escort of javelin-men, headed by trumpeters, who were furnished with elegant silver trumpets of very ancient and rare order, and decorated with silk banners bearing the coat of arms of the high sheriff.—Carnarvon Herald.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of Medicine, and received certificates to practise, on the 19th ult.:—Charles Henry Allfrey, Stamford hill; Alfred Broadway Averill, Worcestershire; Charles Edward Caudle, Henfield, Sussex; George Herbert Holden, Presteign, Radnorshire; Walter Rumboll, Ramsbury, Wiltshire.

SIR CHARLES ALDIS, M.R.C.S.E., formerly one of the Surgeons at Norman Cross Barracks, died on the 28th of March, at his residence, Old Burlington street, at the advanced age of 87.

STATUE OF JOHN HUNTER.—Mr. Weekes is preparing a statue of Hunter for the Hunterian Museum of the College of Surgeons. It is seated, and larger than life.

CHOLERA IN MEXICO.—By the most recent advices we learn that cholera and typhus fever are very prevalent at Puebla.

DR. PRIESTLEY.—We regret to state that Dr. Priestley is suffering under a severe attack of diphtheria. The disorder was understood to have been contracted while he was attending some children suffering under this malady.

INCREASE OF SMALL-POX IN THE METROPOLIS.—Forty-five cases of death from small-pox occurred in the metropolis last week. It is not stated whether the victims had been vaccinated or not.

CAMBRIDGE.—A medical exhibition is vacant at Caius College, in consequence of the unexpected retirement of a gentleman elected about six months ago. The appointment is worth 100*l.* per annum, with rooms to be held for seven years. Candidates must be under twenty-one, and publicly examined.

TUMOURS ON A COW.—A cow, the property of the Rev. F. L. Prior, Lynby, died a few days ago, and on post-mortem examination being made by Mr. Reynolds, veterinary surgeon, of Mansfield, three enormous tumours were found to exist in the abdomen, weighing collectively more than twenty-one stone.

NORTH STAFFORDSHIRE INFIRMARY.—In consequence of the abandonment of the proposed new building, great disappointment has been caused to the forty architects who sent in their plans. It is decided, however, in order to enable the Committee to award the prize of 100*l.* for the best design, that a sub-Committee be appointed for the purpose. The whole of the plans are to be publicly exhibited.

ROYAL COLLEGE OF SURGEONS.—Professor Huxley's lectures at the College were brought to a close on Monday last instead of the following day, on which occasion he gave a resumé of the theories of the vertebrate skeleton. Owing to the great number of candidates about to offer themselves for the examinations for the membership of the College, and which commences on the 4th proximo, it is expected that Professor Gulliver will not be able to resume his portion of the lectures before the middle of June, on which occasion he will deliver six lectures, in continuation of his former course, on the Blood, Chyle, and Lymph, to be followed by Professor Solly, who will also deliver six lectures on the Brain and its diseases.

THE HUNTERIAN MUSEUM.—This collection has been enriched with a magnificent series of preparations illustrating the pathology of the human eye, nearly 200 in number, and about 500 microscopic slides prepared from the same specimens. The whole have been made with consummate ability by Dr. C. Bader, of the Royal London Ophthalmic Hospital, and a former assistant in the Museum of the College of Surgeons. The preparations are accompanied with a description of the appearances at present exhibited by the specimens, with a history of the case, and a general and microscopic description of the morbid appearances presented by the eye when recent. Such a collection does not exist at home or abroad, and great credit is due to the Council of the College for securing it for their unrivalled museum.

MEDICAL PORTRAIT.— An excellent portrait of Dr. Edwin Lankester, F.R.S., the Coroner for Central Middlesex, has been published by Mr. E. B. Black, 392, Strand. The moment of speaking appears to have been selected by the artist, and the portrait possesses great fire and animation, while the features present an excellent similitude of the orator. The many friends, pupils, and admirers of Dr. Lankester will be gratified by this opportunity of acquiring a portrait of their friend and teacher.

MR. FRANCIS MASON, F.R.C.S., Assistant Surgeon to King's College Hospital, has resigned the appointment of surgeon to the St. Pancras and Northern Dispensary, Euston-road. There were three candidates in the field for the appointmant thus vacated at the Dispensary, and the vacancy has been filled up by the appointment of Mr. R. L. Middlemist of Coram street, late assistant house-surgeon to King's College Hospital.

THE GRAPE CURE.—The treatment by grapes consists essentially in taking one pound of fresh ripe grapes, early in the morning, not swallowing the skins or seeds, and two hours after a still larger quantity. The patient dines at twelve o'clock on beef or mutton, boiled or broiled, stale bread well baked, and a glass of old Rhine wine, but no vegetables, except occasionally potatoes or carrots. About four o'clock, a certain quantity of grapes are to be taken; at evening, tea, with white bread. The patient is directed to take

as much exercise as possible between meals, and abstain from drink, unless he should feel quite thirsty. The whole quantity of grapes to be taken in the course of twenty-four hours is from two to three pounds. Some who cannot well bear grapes so early in the morning are advised to take a cup of coffee or chocolate first, and not begin the day with grapes until the stomach has become somewhat accustomed to them. It is believed that the best grapes for medicinal use are not those which make the richest and strongest wines; nor are those recommended which are sweet and aromatic to the taste, with small and hard berry, and thick skin, like the *Riessling* grape, but those of larger size, and thin pellicle, and which yield on pressure a more abundant and watery juice—such as those called the *Kleinberger*, and which are found on the Rhine, in the Palatinate, and the principal vineyards of Bergstrasse.

The Apothecaries' Company of Ireland.—The King's and Queen's College of Physicians of Ireland have addressed a letter to the Irish Poor-law Commissioners on the subject of the licence of the Irish Apothecaries' Company. They assert that the certificate or licence which the Apothecaries' Company of Ireland are empowered to issue is only such as specified in sect. 18, 31st of Geo. III., cap. xxxiv. Irish, viz.—"That we think him properly educated or qualified to become an apprentice or journeyman (as the case may be) to learn or transact the business of an Apothecary." And in sect. 22—"That no person shall open shop, or act in the art and mystery of an apothecary within the kingdom of Ireland until such person shall have been examined as to his qualification and knowledge of the business," &c. They go on to state that there is neither in clauses, nor in any part of the Act, any authority given to grant any licence or certificate in Medicine; and on this point it seems requisite to observe that, in the case submitted to Sir R. Bethell, there is a mis-statement calculated to mislead counsel, where it is stated that, "Such, then, was the legal and recognised position of the Irish Apothecary, analogous in every respect to that of the Apothecary in England, when the Medical Registration Act (21 and 22 Vic., ch. 90) was passed," &c., &c. They, moreover, go on to show that the constitution of the Board of Governors of Apothecaries' Hall of Ireland, from whom the examiners must be selected, under the Apothecaries' Act, is not such as to insure a satisfactory guarantee that the examiners are competent examiners in the science and practice of Medicine.

An Examination for three Foundation Scholarships, and also for three Minor Scholarships, will be held in Downing College, on Monday, the 18th of May next, and the two following days, and will begin at 9 a.m. on Monday. The examination will be chiefly in classics and elementary mathematics, but some weight will be given to proficiency inFrench and German. To the candidates for Foundation Scholarships two additional papers will be set, one on moral Philosophy in connection with the principles of jurisprudence, the other on the elements of the natural sciences (human and comparative anatomy, physiology, chemistry, mineralogy and botany) in connexion with medicine; and in awarding two of these Scholarships considerable importance will be attached to any special proficiency in the legal or in the medical subject. Persons who have not been entered at any college in the University, or who have not resided one entire term in any such college, are eligible to the Minor Scholarships which will be of the value of 40*l.* per annum, and tenable for two years, if the holder be not elected before the end of that time to a Foundation Scholarship. Students of the college, or of any other colleges in the University, who have not kept more than six terms, will be eligible to the Foundation Scholarships, which will be tenable for three years, and of the value of 50*l.* per annum, with rooms, and with commons during residence in term time. Those Foundation Scholars who shall obtain a first-class in any tripos will be entitled to hold their Scholarships till they are of standing for the degree of Master of Arts, or, if they should be elected fellows of the college before that time, until such election. No one elected Scholar will receive any emoluments until he has commenced residence as a student of the college. Satisfactory testimonials as to their moral character must be sent to the Master by all candidates for these Scholarships, on or before Wednesday, May 13. Further information will, if required, be given by the Rev. W. B. Pike, tutor, Downing College.

Death from Rupture of the Stomach.—On Tuesday last Mr. Humphreys resumed, at Stepney, an inquiry respecting the death of Jane Utting, aged eighteen years. The evidence went to show that deceased was a single woman, residing with her mother in White-horse-lane Stepney. She had been in her usual health, and on the night of Tuesday, the 10th ult., she proceeded to King William street and London Bridge to witness the decorations. Soon after returning home she complained of extraordinary violent pains in the chest. A doctor was sent for, but all treatment was unavailing, and she died shortly afterwards. It was supposed that she received some fatal injuries in the crush. Dr. Sykes said that he was quite surprised at the suddenness of deceased's death He could not see any cause other than the alleged crushing to account for death without a *post-mortem* examination, which he had made, and death he found had resulted from rupture of the stomach from old disease. There was a dark patch externally, but he could not say that it had been produced by violence. The coronor said that in his opinion nearly all those who had perished in the fearful crushes in the city during the late rejoicings had been previously in a state of disease of the heart or other internal organ. It was a matter of some interest as well as importance to ascertain the fact beyond doubt, both to reassure the general public and also to warn persons so afflicted of the great danger into which they inevitably ran in subjecting themselves to the pressure and excitement of such scenes, and the *post-mortem* examinations made placed the fact beyond a doubt. A verdict of "Death from rupture of the stomach" was returned.

The Effects of Sulphuret of Carbon on Health.—The symptoms caused by sulphuret of carbon are peculiarly severe, and the situation of the workers really most miserable. Few of the workers marry, as it is well known that those who habitually work among these fumes rarely or never have children, and the malady is one which will only succumb to good air and rest, and total exclusion from the work-sheds. The head is much affected, and partial insanity is far from uncommon. The sight is troubled frequently. The taste is vitiated, so that most things appear to taste of sulphur. The hearing is likewise affected, and the digestive functions are sometimes strangely excited, though this latter symptom is less frequent than the others. Appetite is increased to the verge of gluttony, and nausea is almost invariable. The breathing and the circulation are injured, and most, if not all, of the secretive functions are disordered in a very alarming manner. In fact, the wretched people—we can give them no other name—who work with this agent are miserable to themselves and the world; they live in pain and trouble of both body and mind, with no hope or expectation of cure so long as they continue at their particular occupation. As to the remedies to be taken for alleviation of these misfortunes, baths, good air, a few simple medicines, and a country life—of course necessitating total abstinence from the poisonous work—have been found most efficacious. The power and density of the fumes may be better appreciated, when we state that in many cases the sheds are merely roofs supported by poles, and open to every breeze or gale that blows. M. Delpech does not appear to propose any method for ameliorating the condition of the workpeople. He mentions that the injury is due entirely to sulphuret of carbon; not to the chloride of sulphur; and says that phosphorus has had a beneficial effect in many cases of "depression." In fact, it would, we suppose, be almost impossible to do anything except abolish the process, and as this cannot be effected, it only remains for scientific men to discover some agent which will produce the same results in the arts, without any of the great and certain dangers of sulphuret of carbon. There are many minds at work on this project, but as yet no practical result has been secured.—'Social Science Review.'

Green Oysters.—We described a few days ago two methods employed by M. Cuzent for discovering copper in the oysters which come from Marennes, and which are remarkable for their green hue. The 'Moniteur' now publishes a letter from the mayor of that town, which is intended to counteract the unfavourable impression caused by M. Cuzent's revelations regarding the unwholesomeness of these oysters. He states in his letter that the trade in green Marennes oysters has increased to such a degree during the last fifteen years, that the white oyster beds of the neighbourhood had become insufficient to stock those peculiar beds where the creature acquires a green colour, together with that delicious taste which causes the Marennes oyster to be so eagerly sought after. In order, therefore, to meet the demand, white oysters have had to be imported from Spain, Bretagne, Ireland, and England. The Marennes oyster is, in fact, in its ordinary state, as white as any other, and only receives its green colour and peculiar taste when transported to certain beds covered with a small submarine kind of moss, and formed of the slime deposited by the sea from the small gulf called the Rivière de Seudre. Now, a considerable quantity of oysters are imported from Falmouth by the inhabitants of Marennes, and these oysters really contain a certain quantity of copper, which gives them an acrid taste. On their arrival they are deposited in certain beds apart from the others, and kept there for six months, after which period experience has shown that they lose their copper salt, and consequently their bad taste. Now, as to M. Cuzent's experiments, and the results obtained by him, the mayor explains that a Marennes fisherman, whose trade is not very extensive, got over from Falmouth a few thousand oysters, which, out of thirst for gain, he sent off to Rochefort, before they had sojourned more than three weeks in the beds set aside for their purification. These oysters having caused alarming symptoms, copper was found in them by M. Cuzent, but they were not real Marennes, but Falmouth oysters, the former still retaining the excellent qualities for which they are known.—'Galignani's Messenger.'

Cambridge University: Sir Robert Rede's Lecture.—The Vice-Chancellor has appointed T. D. Ansted, M.A., F.R.S., late Professor of Geology in King's College, London, to the office of Sir Robert Rede's Lecturer for the ensuing year. Mr. Ansted, who is well qualified for the task, will deliver a lecture on 'The Correlation

of the Natural History Sciences,' in the Easter term. The Regius Professor of Physic will commence the course of lectures on Pathology, on Monday, April 13th, at 9 a.m., at the Anatomical School, and will continue to lecture every Monday, Tuesday, Wednesday, Thursday, and Friday.

Proposed New Hat for the City Police.—It will be recollected that, some time since, Mr. G. Borlase Childs, surgeon to the City polic force, recommended among other improvements in the dress of the police (some of which have been adopted), a new description of hat, which he proposed to call the "Britannia Hat," and which, being fashioned after the Greek *galea*, possesses very many advantages over the present style of head-dress. Within the last two or three days we have had an opportunity of inspecting specimens of the hat, manufactured by Messrs. Hall, Brothers, and Co., London-wall. The hat, which is a modified form of helmet, certainly appears to be a very desirable substitute for the present cumbrous shape. In form it is admirably calculated to resist a blow, so also is it in substance, though it is not heavier than the hat now worn. It is next to impossible to knock it off the head—a great desideratum—and, indeed, with the strap under the chin, which may or may not be worn, it appears quite impossible. It is well ventilated, has a neat and not conspicuous appearance, and possesses also a covering, which may be worn at pleasure, for the ears. Two specimens were shown to us, one having the brim bound with brass, the number being in brass figures in front, and a leather band; the other, bound with plain black binding, an ordinary hat-strap or band, and the figures in white metal. The last-named hat is exceedingly neat, and in these days of multiplicity of styles would not attract more than ordinary attention when first worn. A similar hat has been adopted for the police force of two towns in the north of England.

Statistical Society.—On Saturday, 14th March, 1863, at the twenty-ninth annual meeting, Sir J. Pakington, Bart., M.P., in the chair, the following gentlemen were elected Council and Officers for 1863-4:—*President:* Colonel W. H. Sykes, M.P., F.R.S. *Council:* Charles Babbage, M.A., F.R.S.; James Bird, M.D.; Sir John Boileau, Bart., F.R.S.; Swainton Boult; Samuel Brown; William Camps, M.D.; William Farr, M.D., D.C.L., F.R.S.; *Right Hon. Earl Fortescue.; Humphrey William Freeland, M.P.; Sir Francis Henry Goldsmid, Bart., M.P., Q.C.; William Augustus Guy, M.B.; James Thomas Hammick.; Frederick Hendriks; James Heywood, F.R.S.; Sir Rowland Hill, K.C.B.; William Barwick Hodge; Charles Jellicoe; Leone Levi, F.S.A.; William Golden Lumley, LL.M.; Right Hon. Holt Mackenzie, F.R.G.S.; Mathew Henry Marsh, M.P.; *Right Hon. Lord Monteagle, F.R.S.; William Newmarch, F.R.S.; Right Hon. Sir John S. Pakington, Bart., M.P., G.C.B.; Frederick Purdy.; Right Hon. Lord Stanley, M.P.; Col. W. H. Sykes, M.P., F.R.S.; *Major General Sir A. M. Tulloch, K.C.B.; *Richard Valpy.; *Cornelius Walford; *Rev. William Whewell, D.D., F.R.S.; *Treasurer:* William Farr, M.D., D.C.L., F.R.S.; *Hon. Secretaries:* William Augustus Guy, M.B.; William Golden Lumley, LL.M.; Frederick Purdy.—Those marked * are new members.

Spirits.—A return under this head, issued on Wednesday, the 18th, states that the number of gallons of proof spirits on which duty was paid during the year ending December last was—for England, 8,857,121, and the duty 4,428,561*l.* 10s.; for Scotland, 6,189,356, and the duty 3,094,678*l.* 19s. 10½d.; and for Ireland, 4,653,773, and the duty 2,326,885*l.* 18s. 6½d.; making for the United Kingdom, 19,700,250 gallons, and the gross duty, 9,850,126*l.* 8s. 5d. The total number of gallons of methylic alcohol sold by the Excise for the period mentioned was 51,897, and the methylated spirits sent out by persons licensed to sell the same under 18 and 19 Vict., c. 38, amounted to 538,088 gallons.

Accident to a Surgeon during an Operation.—M. Pauli, of Landau (Bavaria), lately operated for strangulated hernia, and found the intestine gangrenous. Whilst endeavouring to fix the perforated bowel to the margin of the wound, he pricked his middle finger with the needle. In a few hours the finger became violently inflamed, and the lymphatics soon shared in the phlogosis. Gangrene was apparent in the finger the next day, and amputation of the latter was resorted to. We are happy to state that M. Pauli has made a good recovery.—'Gazette des Hôpitaux.'

Typhus among the Medical Staff at the General Hospital of Vienna.—The 'Wiener Med. Woch.' of the 7th ult. states that no less than six assistant-physicians and a great number of ward-attendants are suffering from the typhus which has been raging in Dr. Haller's wards. The beds in these wards are not being filled at present, and the editor adds, very justly, that no less a measure than their complete closure is now imperatively called for.

Appointments.—C. Armstrong, M.D., has been elected Secretary for 1863-64 of the County and City of Cork Medical Protective Association.—E. D. Batt, M.R.C.S.E., has been elected Coroner for the County of Monmouth, vice Mr. T. Hughes, deceased.—J. S. Belcher, M.D., has been appointed Medical Officer to the Workhouse and South District of the St. George's-in-the-East Union.—J. Bird, M.D., has been elected one of the Council of the Statistical Society for 2863-64.—W. Blasson, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Edgware District of the Hendon Union, vice Edm. Shaw, M.D., resigned.—J. Woodruffe Brown, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Wymeswold District of the Loughborough Union, Leicestershire, vice B. Webster Brown, M.R.C.S.E., deceased.—W. Camps, M.D., has been elected one of the Council of the Statistical Society for 1863-64.—R. Corbett, L.M.T.C.D., has been elected Vice-President for 1863-64 of the County and City of Cork Medical Protective Association.—Jas. Coxe, M.D., Commissioner in Lunacy for Scotland, has been elected a Member for the Scottish Meteorological Society.—A. F. A. Fairwearher, M.B., has been appointed Medical Officer for the Parish of Kirkowan Wightonshire.—Wm. Farr, M.D., has been elected one of the Council and Treasurer of the Statistical Society for 1863-64.—F. Goodchild, M.D., has been elected Physician to the Warwick Dispensary, vice S. J. Jeaffreson, M.B., resigned.—W. A. Guy, M.B., has been elected one of the Council and one of the joint Honorary Secretaries of the Statistical Society for 1863-64.—Gwynne Harries, M.R.C.S.E., has been appointed Physician-Accoucheur's Assistant at King's College Hospital, vice R. Meadows, M.D., who has received a commission as an Assistant-Surgeon in the Anglo-Chinese Squadron.—J. R. Harvey, M.D., has been elected President for 1863-64 of the County and City of Cork Medical Protective Association.—Edw. Head, Medical Associate of King's College, has been appointed Physician to the St. Pancras and Northern Dispensary, Euston-road, vice G. Harley, M.D., resigned.—T. Holmested, M.R.C.S.E., of Guy's Hospital, has been appointed Resident Medical Officer to the Dispensary, Newport, Monmouthshirt, vice Geo. Mayon, M.D., resigned.—F. H. Kempster, M.B., has been appointed a Resident Surgeon to the Melbourne Hospital, Australia.

APPOINTMENTS FOR THE WEEK.

Wednesday, April 1.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Obstetrical Society of London, 8 p.m.—Dr. Swayne (Bristol), "On a Case of Cæsarean Section." Other papers by Dr. Skinner (Liverpool), Dr. Tyler Smith, Dr. Eastlake, Dr. Gervis, &c.

Thursday, April 2.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Harveian Society, 8 p.m.—Dr. Pollock, "On Pneumothorax."

Friday, April 3.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, April 4.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

Monday, April 6.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m; Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Structure and Development of the Vertebrate Skeleton."

Tuesday, April 7.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

A Handbook of Uterine Therapeutics. By E. J. Tilt, M.D., &c. London: John Churchill and Sons, New Burlington street.

On Effusions of Blood in the Neighbourhood of the Uterus. By H. M. Tuckwell, M.B., &c. London: J. H. and J. Parker.

NOTICES TO CORRESPONDENTS.

R. P.—The question is a very difficult one, and we are unwilling to enter into controversies upon such a point.

T. M.—The communication has been received, and the wishes of the writer shall receive due attention.

Dr. E. G.—The remarks made are well-timed, and the subject will probably be again brought under the notice of the Government.

A Student.—The information will be found in Dr. Taylor's work on Bisons.

X. Y. Z.—The site of St. Thomas's Hospital has not yet been finally decided upon.

A Sufferer.—The complaint in question is by no means an uncommon one, and will in all probability yield to ordinary treatment. Consult your ordinary medical attendant.

Nemo.—We cannot undertake to give any information on the subject.

J. H. P.—Communication received.

Mr. Henry R. Hatherley.—The Report has been received, and shall be inserted.

DERMATOLOGY.

(MR. DUCHESNE-DUPARC'S DISPENSARY.)

Pathology and Treatment of Eczema.

We reproduced in our last number (Art. 6385), Mr. Duchesne-Duparc's remarks on the pathognomonic characteristics of the various forms of eczema. We now turn to the consideration of the causes, progress, complications, seat, and differential diagnosis of the disease, and after briefly adverting to the prognosis, we shall conclude with the more important question of treatment.

Although eczema is a very common complaint, from which neither age nor sex afford an immunity, yet, said Mr. Duchesne-Duparc, it is more usual in teething children, in young girls affected with amenorrhœa or dysmenorrhœa, in pregnant women, and more especially in women who have reached a critical period of life; it is not unfrequently met with in nervous and irritable subjects, and in those who are liable to suffer from rheumatic pains. The estimation of the influence of direct causes is not always an easy matter; in some instances eczema may, it is true, be traced to external agencies, such as rough friction, or the repeated contact of hard or irritating substances; sudden changes of temperature, and the protracted action of cold or damp may also occasionally produce the disease; thus, eczema is principally prevalent at the end of Autumn, or at the beginning of wet winters. The affection may likewise follow erythema or erysipelas, but it is not so easy to detect its origin in the influence of the nurse's milk on the infant, of diet on the adult, of mental emotion or morbid changes in the constituents of the solid textures, or the fluids of the system. We may, however, legitimately infer that habitual intemperance, protracted sorrow, and late hours are instrumental in keeping up a constant state of irritation which must end in disturbance of the different secretions; eczema sometimes succeeds the sudden suppression of an habitual discharge, such as that caused by hæmorrhoids; it seems occasionally to take the place of catarrhal bronchitis, or chronic inflammation of the intestinal or vesical mucous membranes; but, in many instances, eczema is obviously but manifestation of acquired or hereditary herpetic tendencies. Whatever its cause, eczema almost invariably assumes a chronic form, and its long duration may depend on the permanency of the patches of eruption, or on their alternate diappearance and return. The tendency to relapse may even be asserted to be one of the leading features of eczematous inflammation, and when a cure seems at hand, a fresh eruption often supervenes, and disheartens even the most sanguine natures. It is usually after several oscillations of the kind that a cure is at last affected, and the skin recovers its healthy appearance and functions. In addition to the variable amount of irritation which attends eczema, and of the various consequent local affections which have already been noticed, many complications may arise. Thus the disease may coincide with almost every other cutaneous aeffection, such as psoriasis, impetigo, ecthyma, boils, scabies, &c. In chronic cases, when the eruption covers a considerable surface, it may induce, more especially in young subjects, bronchitis, diarrhœa, ophthalmia, otitis, coryza, &c. In the aged, petechiæ or atonic ulcers may concomitantly occur, and gastritis and enteritis are complications not unusually observed.

In Mr. Duchesne-Duparc's opinion, authors have in general mistaken the true seat of eczema; he conceives it to occupy at once the sudoriparous glands, and the organs engaged in the secretion of the epidermic layers. The discrimination of the disease presents little difficulty, if it be remembered that eczema is characterised by the successive appearance of vesicles with or without redness, moist or secreting excoriations, and extensive squamæ, or small furfuraceous scales. The affections with which confusion might possibly arise are in the acute stage, herpes, miliary eruption, scabies, and some varieties of lichen; in the chronic stage psoriasis and pityriasis. The vesicles of eczema may be discriminated from those of herpes by the globular aspect and larger size of the latter, which are, moreover, surrounded by an inflamed areola. Those arising from miliary fever present no indications of local inflammation. From scabies eczema may be distinguished by the agglomeration of the vesicles, which are also more inflamed, and are more frequently met with in the parts of the skin which are covered with hair, and are more liberally provided with sebaceous follicles. They give rise to a sensation of smarting, and not to genuine itching, as in scabies, and are almost invariably succeeded by more or less extensive scales. A distinction will be even more easily effected from chronic prurigo, in which the epidermis is sometimes raised at the summit of the papulæ by a droplet of serum, a peculiar condition observable in few eruptive affections. In contrast with eczema, prurigo occupies the posterior aspect of the limbs and trunk, and in the latter disease itching is the leading feature, and sometimes the only existing sign of nervous disturbance, and instead of the moist and wide-spread squamæ of eczema, the eruption leaves mere black-coloured concretions formed by desiccated droplets of blood.

It is sometimes difficult to distinguish eczema from pityriasis or psoriasis; it is often necessary to bear in mind the history of the case, and it must not be forgotten that both these diseases are essentially furfuraceous, and give rise to no serous or puriform secretion whatever. On the trunk and limbs the diagnosis is more easily established, eczema being more generally observed on the anterior and internal surfaces, whereas the contrary is observable in psoriasis and pityriasis. The prognosis of eczema varies according to the age of the patient, the acute or chronic form of the disease, and its constitutional or hereditary nature. The eczema of young persons who have not yet menstruated, or who suffer from dysmenorrhœa, is usually obstinate, and remedies often prove unavailing for the relief of women who have reached a critical time of life; the same may be said of eczema in the aged, especially when œdema or ulcers are present. Although, in imitation of other writers on the subject, Mr. Duchesne-Duparc has deemed it necessary to enumerate several forms of eczema, he acknowledges, in point of fact, but two distinct varieties—viz., *recent or acute eczema*, and *chronic eczema*, and it is this division only that he has in view when laying down the principles of treatment.

In the incipient stage, says Mr. Duchesne-Duparc, eczema requires the same treatment as acute inflammatory disease. Emollient lotions, baths, and poultices should be prescribed, and embrocations with decoctions of bran, marsh-mallows, lettuce, poppy heads, etc.; bread, linseed meal, rice, and potato flour should be used in the shape of poultices; the latter will be found especially beneficial; these various anodynes must be frequently renewed, and in some instances uninterruptedly applied over the seat of the eruption. Perfect rest of the affected part should be enforced, and all causes of local irritation carefully averted.

These simple measures, combined with appropriate diet, may be sufficient for the cure of limited eczematous eruptions, due to external agencies, and such as are peculiar to certain professions; but when the disease occupies a wide surface, when the subject is irritable, and when to the local discomfort is superadded general disturbance of the system, agitation, loss of sleep, feverishness, etc., bloodletting should be unhesitatingly resorted to; in young, vigorous, and plethoric individuals, venesection is useful, and under opposite circumstances a few leeches should be applied as near as possible to the seat of the eruption. Bloodletting is too generally omitted in the treatment of eczema; it is necessary, I might almost say indispensable, in the acute stage, and proves highly beneficial, even in the chronic form, when intense redness and pain are present; and demulcent beverages and veal, frog or chicken broth should, at the same time, be prescribed. Acidulated drinks are very grateful to the patient, and exercise a soothing influence over the inconvenient pruritus attendant on the affection. Aperient medicines greatly assist the action of the antiphlogistic measures, and are often required to complete the cure of eczema. Neutral salts are here the most advantageous laxatives, and should be exhibited in moderate but frequently repeated doses, they are especially called for in the case of persons of an habitually costive state of body. The patients should, when the season permits, be directed to repair to saline and laxative spas, unless considerable emaciation or

irritability of the digestive organs render such a course unadvisable. If after adhering to this line of treatment in a persevering manner, the patient experiences none or but temporary relief, the eczema is in all probability connected with some internal cause which it is important to discover and remove. When the subject is of a languid and lymphatic temperament, restoratives must be prescribed, such as bitters, generous diet, regular exercise, country, and more especially sea air. Scrofula, syphilis, or the rheumatic diathesis often interfere with the cure of eczema, and a recovery can sometimes be effected when only these injurious influences have been checked in their operation, or altogether neutralised. In some cases mere emollients are insufficient to soothe the cutaneous irritation, and anodyne applications such as poppy-water, or decoctions of lettuce or morella (solanum nigrum) are necessary, and liniments containing henbane or belladonna, or a mixture of chloroform and cerate may even be required.

The local treatment of eczema demands much experience and caution, the remedies which in one case have proved perfectly successful, will be injurious in another, and the practitioner must therefore proceed prudently, and take these often inexplicable differences into his serious consideration. When the affection becomes stationary, astringents may be prescribed, and alkaline or sulphurous lotions, and solutions of alum, of carbonate, or diacetate of lead, will be found beneficial. The late Professor Alibert had frequently recourse to superficial cauterisation with a solution of nitrate of silver, or with sufficiently diluted muriatic acid, but these remedies are applicable only when the eczema occupies a very limited surface, and in extensive eruptions they might occasion a serious increase of the inflammatory action. Amongst the substances best calculated to modify the aspect of the eczematous patches, tar and cade-oil deserve the first place; lotions or permanent embrocations of tar-water often succeed in allaying the pruritus, and the tar ointment, with a slight addition of opium, is an extremely useful dressing, but cade-oil is pre-eminently the best application. It may be used pure, or mixed with glycerine or olive-oil, and should be spread night and morning, or oftener if necessary, over the eruptive patches with cotton or an aquarelle brush. Sharp smarting supervenes, but promptly subsides, the serous discharge gradually decreases, the flesh becomes firmer, and a foliated crust consisting of epidermis and oil protects the orifices of the sudoriparous glands, and gives them time to recover their healthy vitality. In order, however, that the cade-oil should prove beneficial, it must be, which unfortunately seldom is the case, perfectly pure, the adulteration or deterioration of the drug being almost invariably the cause of its inefficacy. Inert or absorbing powdres, such as starch, rice, lycopodium or potato-flour, must be strictly interdicted in the local treatment of eczema; these substances combine with the secretion and the epidermic scales, and form dry, hard crusts, which cause undesirable pressure, and mechanically obstruct the orifices of the sudoriparous ducts, thus preventing the escape of their contents; they induce swelling, distension, increased irritation, and may even occasion the inflammation and suppuration of the adipose subcutaneous structures. After a time, the sudoriparous apparatus ceases to participate in the inflammation, and the redness, vesicles, and puriform secretion disappear; squamæ and furfuraceous scurf then alone remain, and the cutaneous affection assumes the aspect of psoriasis, and the measures appropriate to the treatment of this disease should be now adopted. Arseniate of iron is then most efficacious, and sometimes effects a complete cure in cases which at an earlier stage had demanded active and persevering antiphlogistic remedies. Mr. Duchesne-Duparc has seldom met with any case of eczema which it has been impossible if not actually to cure, at least to relieve considerably without danger. He acknowledges, however, that it might not always be altogether safe to dry up suddenly copiously secreting surfaces, which from long habit have become necessary to the system; but as they are a constant source of annoyance and disgust to the patients and to the persons about them, and as, moreover, they not unfrequently give rise to symptoms of some gravity, it is always desirable to institute measures of treatment calculated at least to keep the disease in check. As to artificial issues, which have been proposed with a view to replace the morbid secretions of eczema, the professor considers them in general as useless, if not injurious; the most reliable guarantees of safety will be found in the frequent use of laxatives, baths, and a carefully regulated diet.

AURAL SURGERY.

(MR. TRIQUET'S DISPENSARY.)

Phylctenoid Otitis, or Scrofulous Disease of the Membrana Tympani.

The cutaneous and eruptive diseases of the *membrana tympani* are extremely common, imperfectly known, and their treatment seldom reposes on rational data, although their effects are formidable, deafness being in the child and in the adult their habitual and frequent result. Amongst these affections the most important is assuredly scrofulous or phlyctenoid inflammation of the membrane (*myringitis scrofulosa*). The membrane which forms the external wall of the drum is liable to participate in all cutaneous affections, and in Mr. Triquet's opinion, this singular and unenviable privilege is entirely due to its external, epithelial layer. The professor has often found it invaded in cases of herpes, of lepra vulgaris, and in the course of certain secondary specific manifestations, such as pustular, or ecthymatous syphilidæ, rupia, and pemphigus.

Scrofulous inflammation of the membrana tympani is characterised by symptoms of so distinct a nature, that when it has even but once been observed, it can always be readily discriminated from all other diseases of the ear.

Slight redness of the membrane; considerable intolerance of sound, and often intense pain, tinnitus and troublesome singing in the ear, a few phlyctenæ at the margin or on the surface of the membrane, and subsequent maculæ, such are the leading symptoms of the affection.

Children are so subject to the complaint, that the greater number of diseases of the organs of hearing in the young arise from no other cause; and scrofulous myringitis is often the first sign which betrays the presence of scrofula. When neglected or improperly treated, it entails permanent deterioration of the functions of the ear, and sometimes even their entire destruction. It is seldom met with in infants at the breast, but is more commonly observed in the six or seven years which follow weaning. Adolescents and adults may also be affected, especially if they have already in childhood presented similar symptoms. One ear only may suffer, but both may from the beginning be simultaneously invaded, and the inflammation not unfrequently passes from one side to the other. When the two are affected at the same time, one is always more seriously diseased.

Mr. Triquet then proceeded to the description of the symptoms in the three stages of the malady.

In the first or earliest period, said he, pain and intolerance of sharp sounds are more distinctly marked than inflammatory redness. With a magnifying glass, however, distended blood-vessels may be discerned running from the circumference to the centre of the membrane, or meandering along its margin. In subjects of remarkably lymphatic temperament, the entire surface is so highly vascular, as to present in chronic cases, the appearance of what may be termed *tympanitic pannus*.

The phlyctenoid aspect is peculiar to the second and third stages, and together with the bullæ, may be noticed dimpled ulcers, puriform discharges, perforations, and maculæ.

The disease is essentially of an eruptive nature, and at once invades the epithelial layer of the membrana tympani, which is continuous with the cutaneous lining of the external auditory duct. Its most interesting feature is the presence of one or more minute blisters on the surface of the membrane. In many instances, one small prominence of a milky white aspect, situated in the neighbourhood of the malleus, is all that can be detected, but in others the entire superficies is studded both over its centre and margin, with numerous small phlyctenæ, which are, however, more common at the circumference where the skin of the meatus merges into the structure of the membranous partition. Their gravity depends upon

their vicinity to the manubrium mallei; in this region ulceration almost unavoidably follows, entailing perforation and the loss of the ossicula. Absorption may, however, occur, and the phlyctena is replaced by a small white macula, or by a depression, which disappears only after a long interval. In some cases the membrane is entirely destroyed in a couple of days by suppuration, an untoward event generally referrible to neglect or improper management. The discharge is generally of an extremely obstinate character, and yields but to the most active and persevering measures of treatment.

With regard to functional symptoms, the intolerance of sound and the severe pain in the upper part of the helix, form a striking contrast with the much less marked signs of catarrhal inflammation of the middle ear. Tinnitus and deafness are, moreover, present from the beginning.

The pain makes its first appearance at night. The patient awakes with a scream, the pinna swells, the pulse becomes frequent and thirst intense; the tongue is foul, and appetite absent, etc. In combination with these symptoms, evidence of concomitant scrofulous disease may in general be obtained.

The scrofulous diathesis, in Mr. Triquet's opinion, is the chief predisposing cause of the disease: other agencies, such as poor or improper diet, an inadequate supply of light and air, the privation of the usual amusements of childhood, of exercise in the open air, and especially of sufficiently warm clothing, must be viewed as of secondary importance. Yet it must not be supposed that this form of myringitis is confined to the poorer classes; Mr. Triquet's experience shows that the affection is as common with the rich as with the poor. This is due to the hereditary morbid tendencies, transmitted in all ranks of society, and amongst which should be numbered scrofula and syphilis, the effects of which may, as observation teaches, be apparent only after a long interval.

Exposure to cold, small-pox, scarlatina, and fevers which affect the entire system, and bring into action the scrofulous element, are also determining causes. To these should be added teething and traumatic injuries, but in general the direct cause must be acknowledged to remain undetected.

These remarks show that the prognosis of this form of otitis is extremely serious. If an appropriate treatment be not instituted in time, perforation of the tympanum is almost unavoidable; if the perforation is small, a cure may with difficulty be effected, but if large, all remedies must prove unavailing.

The treatment should be both local and general.

Blood-letting is serviceable in the earliest stages only, and when intense pain is present, and interferes with sleep, two or three leeches are sufficient, but the same object may be attained more rapidly by the exhibition of emetics.

In the case of children, Mr. Triquet prescribes ipecacuanha or the golden sulphuret of antimony; five grains of the former, for instance, mixed with thirty grains of sugar, and divided into ten doses, to be taken at half-hour intervals, or

℞. Syrupi ipecacuanhæ, ℥j.
——— flor. mali persicæ, ʒij.

M. one tea-spoonful every half-hour.

The antimony he administers as follows:—

℞. Antimonii oxysulphureti, gr. iijss.
Sacchari albi, ʒss.

M. divide in chartulas viij. One powder to be taken every hour.

Mr. Triquet exhibits tartar-emetic to adults only, and in a solution:

℞. Antimon. potassio-tartratis, gr. iijss.
Aquæ, ℥iijss.

One table-spoonful every ten minutes, until emesis has been induced.

Aperients, and especially calomel and scammony in small and reiterated doses, are also beneficial in the incipient stage. But when the acute symptoms have subsided, Mr. Triquet advises a prompt resort to the following measures:—

He strongly recommends a tea-spoonful of the following solution to be perseveringly taken, with occasional interruptions, every morning in a cup of some bitter infusion:—

℞. Sodæ arseniatis, gr. j.
Aq. destill, ℥iv. M.

The professor, in some cases, has derived much benefit from the exhibition of Dover's powders and the liq. ammon. acetatis. In others, he has found cinchona highly advantageous, and especially sulphate of quinine in half-grain or grain doses for children, and one or two grains for adults, repeated three or four times a day. The diet should be low during the acute, and generous during the chronic stage of the affection.

Other local applications, in addition to leeches, are necessary in order to protect the membrana tympani from the injurious effects of sound; for instance, fumigations with diluted acetic acid, and tepid instillations of three or four drops, thrice daily, of the following liquid:—

℞. Glycerinæ, ℥j.
Cupri sulphatis, ℈j.

Or of—

℞. Potassæ bichromatis, ℈j.
Aq. destill, ʒij.

To be applied lightly every second day, with a brush to the diseased surface.

When previously to, or in spite of treatment, perforation has occurred, the ulcer should be touched every two or three days with a pointed stick of sulphate of copper. If the aperture does not exceed a pin's head in size, cicatrisation may be anticipated, but if it extends to one-quarter or one-third of the surface of the membrane, it would be idle to entertain hopes which must prove delusive. These wide perforations are utterly incurable.

Mr. Triquet remarked, in conclusion, that the relapse of phlyctenoid otitis is extremely frequent, a fact readily explained by the obstinate and disheartening character of the scrofulous diathesis in which it originates.

MEDICAL CORRESPONDENCE.

Perilous Symptoms Induced by Adhesion of the Placenta.—The questions connected with the inflammation adhesion, retention and absorption of the placenta are surrounded with so much obscurity that it behoves all practitioners to bring forward the result of their personal experience. I therefore, crave permission to communicate a case which is interesting in the various aspects alluded to.

In May last, I had occasion to attend the wife of a friend, who had reached the ninth month of pregnancy. Although Mrs. X—— complained of dull and continuous pain in the abdomen, and lumbar region, I detected no symptom of approaching labour. Motion caused a slight aggravation of the pain, but did not render it unbearable. I carefully examined the patient, and as by protracted methodical pressure of the entire surface of the uterus, I failed in detecting any one unusually tender spot, I concluded that the cause of her suffering was more deeply-seated. A close inquiry elicited the acknowledgment that in addition to the lumbar and abdominal pain, Mrs. X—— also experienced another permanent local distressing sensation, of a dull character, on the right side of the fundus uteri. This revelation removed all doubt from my mind, and I considered myself justified in asserting the presence of inflammation of the placenta; I prescribed repose, light food, and anodyne enemas.

These measures occasioned some improvement, but an unusual feeling of weight and dragging still persisted in the uterine region. The subsequent history of the case showed that I was correct in referring these sensations to adhesions induced by inflammatory action between the ovum and the womb.

On the 18th of June, Mrs. X—— was delivered at her full time of a healthy female child. Under different circumstances, I should, in accordance with my habitual practice, have awaited the spontaneous expulsion of the after-birth; but, as I experienced a natural degree of anxiety, I performed gentle friction with the hand over the abdomen, in order to promote uterine action, and hasten the separation of the placenta. After vainly waiting half an hour, I exhibited a tumbler-full of a strong decoction of ergot. The effects of the drug were promptly apparent, but the patient at the same time turned pale, and flooding supervened. The cord, deprived of its

power of resistance by previous inflammation, gave way under the necessary tractive efforts. I then inserted my hand into the womb, a large quantity of blood escaped, syncope followed, and the peril became imminent. With my left hand I exercised pressure on the abdominal aorta, while with the right I detached as much of the placenta as could be removed, and pinched the internal surface of the womb, with a view to excite more brisk contraction of the uterine fibres. These procedures proved successful, and the immediate dangers of hæmorrhage were thus averted.

The case, it is true, had now lost a part of its gravity, but the retention of a considerable portion of the placenta still caused me much uneasiness. A consultation was called, and the unanimous opinion of the gentlemen whose assistance I had desired, was that it was urgent to support the patient, and to remove by every means in our power the remaining fragments of the after-birth.

On the following day, the patient became feverish, and the abdomen somewhat tender on pressure, and a fetid, sanious discharge set in. She complained of occasional rigors, of extreme weakness, and other signs of puriform absorption were observable. Beef-tea, sulphate of quinine, bark wine, and disinfecting, detergent injections were prescribed, but Mrs. X—— firmly refused to submit to any further attempts at extraction of the remains of the placenta. In the course of a few days, however, a fragment was expelled spontaneously, and alarming symptoms, for the second time, placed life in peril. The remedies previously exhibited were persevered in, and progressive and permanent improvement followed. Convalescence was established in the fourth week, and on the 30th of August a complete recovery was at last effected.

In this, and in another analogous case I met with in the year 1840, the absorption of the portion of the after-birth retained in the womb by inflammatory adhesions readily took place. The putrid symptoms were entirely due to the detached fragments, as was proved by the cessation of danger immediately after their expulsion. I think we may safely conclude from the history of the case, that the absorption of the placental structures can be effected only when they have become attached to the uterine surface by organised plastic adhesions, and when the formation of new blood-vessels establishes a vitality common to both organs. Under these circumstances, absorption can follow without danger; but when the placenta has been altogether detached, it can be removed by putrid decomposition only, and acting both as a foreign body and as a cause of infection, gives rise to generally fatal symptoms.

Gheel: a Colony for the Insane.—The system followed is this. A certain number of the inhabitants are allowed to act as lodging-house keepers, but instead of ordinary lodgers, they receive the insane. Nature is allowed to do her own work as far as possible, and the invalids are permitted to wander about the country, if harmless, all day long, returning to their homes at night. The lodging-houses are under proper supervision, medical and municipal, and the chief peculiarity of the place seems to be, that the insane are not looked upon as dangerous or unpleasant; they lead a quiet free life, and have as much pure country air as they desire. This appears simple enough, but there are also certain conditions which render Gheel peculiarly adapted for such a plan. The system could only be conducted in a thinly-populated neighbourhood, where the insane may wander for miles without meeting anybody, and it must also be in a place where *all* the inhabitants join in caring for the insane, as in most villages there would be a very great objection to receive them. Indeed it is rather strange that any population would approve of such guests, but it is so. We have here a tolerably large village, where all the lodgers are insane, and the people do not mind it in the slightest. We must receive this as a very praiseworthy fact, and inquire how the plan works, and what arrangements are made by the authorities for the preservation of comfort and order.—The climate of Gheel, we are told, is calm, soft, and damp, the country flat and cheerless, with few trees, and generally monotonous, and very thinly populated. We may mention that the nearest station is Herenthals, and Brussels will be the starting point for any zealous philantropist who wishes to assure himself of the present state of the colony. Gheel is supposed to have been founded as a refuge for the insane about the seventh century, and there are various legends connected with this fact. After a certain martyrdom, all the mad folks who came near the place were cured, and when this miracle became known, many more flocked there, and from that time it has continued as a village appropriated for mental disease.—'Social Science Review'

The Medical Circular.

LECTURES
ON DISEASES OF THE EAR.

By James Yearsley, Esq., M.D.

(Continued from page 159.)

Fruitless, indeed, in diagnostic and therapeutic results have been the innumerable dissections referred to in my last communication. It is sad to think how much time has been spent in so unproductive a pursuit. To dissect an ear with the minuteness and accuracy indispensable for practical demonstration could not be accomplished in less than a day; when, therefore, a man tells you he has dissected more than 1,500 ears, it is tantamount to saying that he has spent five years of his life in aural dissection (query, mis-spent), for the *cui-bono* may be summed up in one word, *nil*!

But even in this unprofitable result of labour there is no novelty. The actual anatomical *discoveries* of Vesalius, Eustachius, Fallopius, Casserius, and others at the end of the fifteenth and beginning of the sixteenth centuries, equally failed to produce the slightest influence on the pathology and therapeutics of that period. The treatment and theoretical views propounded by Galen, fourteen hundred years before were not disturbed or modified in the least by the labours of the celebrities I have named. Indeed, if we trace down to our own times the works of aural practitioners, we do not find one who, merely having devoted his attention to dissections of the ear, has contributed a single fact for a more successful treatment of the organ in a state of disease. In looking through the critical literary review of Kramer on the writings of aural practitioners, one cannot but be struck with the absence of therapeutical advances by those who distinguished themselves by their dissecting propensities. The nature and treatment of diseases of the ear have not been aided in the least by any anatomical discoverer, or by any pathological investigator, of whom I have ever heard or read.

Of Bonet, who wrote in 1679, and who made many dissections, it has been sarcastically remarked that by his not adding explanatory histories of his cases, his labours must be held up as an example of how such dissecti ons ought *not* to be made, if they are to prove of any service to science.

After Bonet came Du Verney (Traité de l'organe de l'ouie, contenant la structure, l'usage, &c., 1683), whose work is rich enough in anatomical investigations, indeed most valuable, but when we come to regard it in a therapeutic point of view, it is as barren as its predecessors. That unsparing critic, Kramer disposes of Du Verney, and with a voracity peculiar to him—swallows up or tramples under foot a dozen other ear dissectors at the same time, thus:

"In Du Verney, the antatomist is always to be admired, but never the physician: a criticism which must be applied, in its full extent to Vieussens, Valsalva, and Cassebohm. To Valsalva for example, we are merely indebted for a section of his work, not altogether uninteresting, relative to dulness of hearing in those whose membrana tympani, and ossicula auditûs were found destroyed, or otherwise altered; but by which the nature and treatment of diseases of the ear have been no more essentially advanced, than by other isolated pathological observations of Wepfer, Willis, Riedlin, Hoffman, and others."

Eustachius, too, was a great anatomist, and is reputed to have discovered the passage which still bears his name, but for two hundred years no use was made of it in a therapeutical point of view, until a poor deaf postmaster of the name of Guyot, of Versailles, bethought himself of a method of relieving his deafness by injecting it. Let me not here dwell on this, the most important advance ever made (with one exception, and that my own) in the therapeutics of deafness, further than to remark that it emanated from a man who had never dissected an ear in his life, and was not even a medical man!

No, Mr. Wilde, no, Messrs. Toynbee, Flapper, and Co., you are wrong in supposing that anatomical or pathological dissections will lead to any advance in the more successful treatment of deafness. You will have a better chance as independent thinkers like Guyot, or, by surveying the barren domain of Aural Surgery as I did at the outset of my career, determined to work out the problem of its improvement for myself, by narrowly watching the different phases of disease, as they presented themselves to my observation in the course of practice, taking no heed of what had been said or written by others. And then it may happen to you as it did to me, to pounce upon a fact which, like Guyot's, will live for ever. And then, too, it may be that a future Kramer, in a future critical review, in a future century, may write of you as assuredly he will of me, words like the following, which are little more than a paraphrase of a well-merited eulogium passed upon the postmaster, Guyot by the existing Kramer, in his work on Diseases of the Ear.

Let us suppose it to be an Extract from a Critical Literary Review of Aural Surgery in 1963:

"One hundred and twenty-four years after the discovery of Guyot, another far more fruitful in its consequences was effected by Yearsley, a practitioner resident in London, who by a lucky thought was induced to introduce a bit of wetted cotton to the bottom of the meatus, with a view to relieve deafness when associated with perforation of the membrana tympani. He published an account of his discovery in the pages of a periodical called the 'Lancet,' in the year 1848, and in the following year sent a short communication on the subject to the Parisian Academy of Science, and it is fortunate for his fame that he did so, for a wicked attempt was made by one of his contemporaries, whose name has long since passed into oblivion, to filch from him the merit of his discovery. Inasmuch, as by this simple remedy we are enabled to restore the sense of hearing to persons in whose cases disorganisation has proceeded so far as to appear altogether irremediable, the discovery of Yearsley must take precedence of all others, and if that practitioner were now among us, the new Order of Merit instituted by the son of Albert the Good towards the end of the last century in honour of great discoveries would undoubtedly be conferred upon him, for it could not be better bestowed than upon one who had invented the means of restoring the sense of hearing to those in whom it must be otherwise lost for ever."

I will not trust myself to criticise further than I have already done the writings and labours of my predecessors prior to the year 1840, the period from which I would date the revolution in the practice of aural surgery—when the external treatment of the ear went out, or, to speak more correctly, when the internal treatment came in, and obtained a solid footing in this country—and yet, what had been done and written up to that date *must* be noticed, so we will hear what our old friend, Kramer, has to say respecting British aural surgery prior to 1840:

"Wright boldly describes catheterism of the Eustachian tube as an operation, which cannot be depended on, which is extremely disagreeable, and which may be replaced by masticatory and sternutatory medicines. He expressly determines *not* to classify diseases of the ear, merely in order to conceal the utter confusion of his work; he refers to a larger work for his views respecting nervous deafness (though the one at present under consideration, consists of 295 pages, large 8vo), probably because he has no views to communicate which could be rationally associated with the use of purgative pills as a principal remedy for nervous deafness. Wright is surpassed in the shallowness and worthlessness of his treatise, only by Stevenson and Curtis, from the latter of whom, as the head of a large institution for the treatment of diseases of the ear, verily better performance might have been expected. Curtis treats every discharge from the ear, exclusively, and in a summary way, by means of astringents; obstruction of the Eustachian tube with emetics, and perforations of the membrana tympani; whilst, in spite of all the entreaties of Saissy, he has never once practised catheterism of the Eustachian tube on the living subject. He makes tinnitus the chief symptom of nervous deafness, which he treats with purgatives, especially calomel, as long as the strength of the patient holds out. In all doubtful cases his chief attention is directed merely to ascertain whether the liquor cotunnii be partially or totally deficient!! or, whether hardened wax exist in the meatus. He fancies that the membrana tympani may be altered in its form by loud sounds, and rendered concave externally (a form which, it is well known, is peculiar to this membrane), and that by blowing into the Eustachian tube, or by exhausting the meatus of the air contained in it by means of a tube accurately fitted to it, the concave membrana tympani may be drawn forward and again rendered convex. In the otitis of children he sticks opium into the affected ear, &c.; so that throughout all his writings, nothing but the most crude empiricism is to be met with; and yet among his compatriots, as well as abroad, Curtis generally possesses the reputation of being a distinguished aurist.

"Not less, though not altogether so undeserved, is the approbation which has been bestowed on the works of Saunders and Buchanan. Of the two, Saunders is the inferior. He treats diseases of the meatus without any solid symptomatology, even without any other investigation of them than that by means of the probe. He admits in the most arbitrary manner three stages of these diseases, simple purulent discharge, purulent discharge complicated with polypi, &c., and purulent discharge with caries of the cavity of the tympanum. He nowhere describes either the mode of origin or the progress of these important forms of disease; he informs us, only very briefly, of his purely topical mode of treatment for the two first stages (so called), and omits all mention of the treatment of the third stage, excepting that in one place he speaks, quite incidentally, of injections, leeches, and setons, as useful remedies. In obtructions of the Eustachian tube (which he very incorrectly assumes to arise most frequently from syphilitic sore throat, and *angina gangrenosa*), he knows no other diagnosis than the declaration of the patient that the air does not arrive at the membrana tympani on blowing the nose; and his only remedy is perforation of the membrana tympani. Nervous deafness he diagnosticates in an equally unsatisfactory and uncertain manner, according to the patient's capability of inflating the cavity of the tympanum, and the simultaneous existence of tinnitus; and he attributes the affection to effusion of lymph within the neurilema of the auditory nerve, which is to be got rid of by leeches, strong purgatives, and bark.

"Buchanan is the only English practitioner who understands and practises catheterism of the Eustachian tube, although, unfortunately, this is the only good thing in his works. As for the rest, they are devoid of scientific arrangement. His system abounds in errors and repetitions, as *e. g.* when he divides his sixth genus, inflammation of the meatus, into 1, without diminution of hearing; 2, with diminution of hearing; and 3, with diminution of hearing and suppuration. Altogether groundless is the great importance which, in reference to the perfection of hearing, he attributes to the form of the auricle, and of the meatus, and to the secretion of wax. His expectations founded on the use of an ointment to compensate for the deficient secretion of wax, and on pyroligneous acid for the cure of all discharges from the ear, are most exaggerated and totally unconfirmed by experience. Of pyroligneous acid, he affirms, that it is the most powerful remedy that has been introduced into the practice of acoustic medicine for a century past.

"His tables of the dimensions of the auditory canal in man and in animals, as well as of the auricle in a hundred individuals, and his comparative anatomical investigation on the ear in general, can the less compensate for the deficiency of practical utility in his writings, since these tables afford no results, but merely materials for future investigations in the same field; although in order to consider them even as preparatory labours on this subject, it would be indispensibly necessary to define the phrase 'good and bad hearing.'"

(To be continued.)

JUNIOR MEDICAL SOCIETY OF LONDON.

At a meeting of this Society held at University College Hospital, on the 19th ult., Mr. S. G. Freeman in the chair, the following pathological specimens were exhibited:—

1. Head of a tape-worm found in the dead body of a child.
2. Atrophy of a kidney, and thickening and enlargement of the ureter from a calculus. By G. Howard Marsh, Esq., of the Hospital for Sick Children.
3. Large biliary concretion passed by the bowels. By Mr. Yeo, Kings's College.
4. Enlargement of the ends of the ribs in Rickets.
5. Tuberculous enlargement of intestine from the same child.
6. Typical example of gouty deposit.
7. Polypoid growth in larynx producing sudden death from suffocation. By Mr. Talfourd Jones, of University College Hospital.

Mr. Talfourd Jones, V.P., and Medical Registrar to the Hospital for Sick Children, read a paper on

TUBERCULOUS MENINGITIS.

The Author having traced the history of the disease from the middle of the last century to the year 1830, showed how the more minute study of morbid anatomy and clinical medicine during the last thirty years had unravelled the true pathology of the disease. Following the arrangement adopted by Dr. Whytt, the author divided the disease into three stages, not based, however, merely on the variations in the pulse, but chiefly on a combination of certain special symptoms. He stated that, although in many cases the first and second stages so merged into each other that it was almost impossible to attempt any accurate sub-division of them, yet in his experience he found the characteristic symptoms of the third stage almost invariably present. He laid great stress on the simultaneous occurrence of headache and delirium, and showed how in the majority of cases in which these symptoms were conjoined it betokened intracranial inflammation. The author differed from the opinion commonly entertained that isolated masses of tubercle on the brain substance in cases of tuberculous meningitis, were rare; he believed they were in numbers of cases overlooked, and not discovered simply because they were not searched for, and he contended that convulsions, slight dragging of a limb, paralysis of one of the cerebral nerves, as the third, fifth, or seventh, described in books as irregular precursory symptoms would commonly be found only in those cases in which such masses or nodules of tubercle existed. The author, after having described the intracranial pathological lesions he had met with, discussed the question of the cause of the fluid in the ventricles of the brain and of the central softening, and showed how in the majority of cases a mechanical explanation would account for both the fluid and the softening, the adduced instances showing how frequently measles, and next to that, hooping-cough, proved to be the exciting cause of the acute tuberculisation. The only necessary complication met with was the tubercular condition of the thoracic and abdominal organs, and this was so marked in all the cases he had seen, that he felt disinclined to speak of the acute hydrocephalus as a special disease, and considered it to be a general tuberculisation in which the brain was involved in company with other organs, and death ensued in consequence of a superadded intracranial inflammation.

THE MEDICAL CIRCULAR.

WEDNESDAY, APRIL 8, 1863.

HOMICIDAL MANIA.

Notwithstanding the efforts made by the Medical Press and by private individuals, the wretched man Fooks was executed, but Burton still lives. Both of these men's cases present certain features in common, and the deeds of both may be classed under the head of homicidal mania, but Esquirol, the greatest authority on this subject, divides the affection in question into certain varieties, in one of which the murderous act is justified, in the eyes of the murderer, by reference to some frivolous and inadequate provocation, and in the other, it is not justified at all, but is committed without any cause, real or assigned, and merely in obedience to a blind and incontrollable impulse. The case of Fooks belonged to the first category, that of Burton, to the second. The former monomaniac is now beyond the reach of human interference, but we are not without hope that the latter may yet be saved from the gallows by the diffusion, in the public mind, of some clearer notions on the subject of criminal responsibility than at present appear to exist, and in this hope we join our Medical contemporaries in raising our voice to save him from the last penalty of the law.

The circumstances of the murder itself are generally known and scarcely require to be recapitulated. A poor little boy was cruelly butchered in July last by the youth Burton, who, without any provocation, enticed him to a secluded spot and there killed him, after a severe struggle. But the act being universally admitted, it only becomes necessary to examine the conduct of the prisoner before and after the horrible event. It appears, indeed, that he was not a violent and raving lunatic, but this circumstance can have no weight with any persons who are skilled in the phenomena of insanity, for they know perfectly well that insanity is by no means universally, or indeed, generally, accompanied with the manifestations of outward violence, and that some of the most atrocious acts are perpetrated by lunatics in the most cunning, artful, and cautious manner, and that these unhappy persons are often enabled to exercise so much sagacity and self-control as to conceal the evidence of their insanity from any ordinary observers.

But it was proved that the mother of the prisoner was manifestly insane, was inclined to suicide, and had been twice sent to a lunatic asylum, and that his brother was also of weak intellect. Another circumstance has come to light since the prisoner's conviction, proving still more clearly the hereditary maniacal taint, for it seems that he has an aunt, sister to his father, who *is now actually an inmate of a lunatic asylum.* Here there is proof of hereditary tendency to insanity on both sides of the family.

Now, passing briefly over the depraved habits and character of the youth (perhaps aggravated by neglect or ill-treatment on the part of his parents) we come to the features of the murder itself. He goes out with the intention *to kill somebody*, and he accordingly fulfils his intention by killing the little boy, who happened to be the first convenient victim whom he met. If there were any motive at all for the deed i was the wish, on the part of the prisoner, *that he might be hanged for it*, and this exercise of reasoning power (?) is adduced on the part of the non-professional public as a proof of his sanity!

Let us next inquire into his conduct after the murder. He makes no attempt to escape, or to deny his guilt; on the contrary, he gives the fullest information possible as to the particulars of the transaction, corrects some mistakes made as to the part of the body where the wounds were inflicted, and is anxious to explain any facts which may appear to militate against proving himself to be the murderer. For instance, he explained the circumstance of the absence of blood on the knife which he had used, by stating that he had cleaned it by wiping it in the ground, and he said that his own hands were cleaned of blood by wiping them on his victim's shirt, and afterwards washing them in a pond.

There appears to us in the above facts to be quite sufficient at any rate to throw a doubt upon the moral responsibility of the culprit, but in the minds of the audience, including judge, jury, witnesses, and audience, there seems to have been no doubt at all. The arguments and the evidence for the defence were treated with the utmost contempt, and it was held by the Judge that some definite line ought to be drawn by Medical men between sanity and insanity, and that, moreover, they ought to be compelled, whenever they were required, to demonstrate that line, like a proposition in Euclid, before the face of the public. On this point, Dr. Taylor very justly remarks, in his work on 'Medical Jurisprudence.'

"An erroneous notion prevails in the public mind that a "homicidal lunatic is easily to be distinguished from a sane "criminal, by some *certain* and invariable symptoms or cha-"racters, which it is the duty of a medical witness to display "in evidence, and of a medico-legal writer to describe. But a "perusal of the evidence given at a few trials, will surely "satisfy those who hold this opinion, that each case must "stand by itself."

Recurring to the special features of the case now under consideration, we ask whether they do not altogether correspond to the definitions given by M. Esquirol, who in his well-known work on Insanity, combines cases of homicidal mania under three varieties, in the second of which, it appears to us, the convict Burton ought to be placed. "In this class," writes Esquirol, "the desire to kill is connected with no *known mo-"tive.* It is difficult to suppose that the person could have "had any real or imaginary motive for the deed. He appears "to have been led on by a blind impulse." Again, "homi-"cidal monomaniacs differ essentially from criminals, with "whom they have been confounded, and whose punishment "they often suffer. The former are isolated, without accom-"plices who can excite them either by advice or example. "The criminal always has a motive; murder is for him only a "means to an end, to satisfy a more or less criminal passion. "Almost always a criminal homicide is complicated with "another guilty act, but the contrary is the case in a homici-"dal monomaniac. The criminal chooses his victims among "persons who may resent his designs, or may give evidence "against him. The monomaniac murders persons *who are in-"different to him, or who have the misfortune to meet him at "the moment when he is seized with the idea of committing mur-"der.* After the commission of the crime, the criminal tries "to escape, conceals himself, and denies his guilt, or if he con-"fesses his crime it is because he is overwhelmed by remorse; "but the monomaniac *does not attempt concealment, he often "proclaims what he has done, and gives himself up to jus-"tice.*"*

* Esquirol, 'Des Maladies Mentales, Vol. II., p. 837.

These are the words of a man who bestowed great pains and research on the investigation of the phenomena of insanity, and we ask, could he have more accurately described the chief characteristic traits of Burton's case more clearly if he had written *after* the details, instead of having written his book many years ago? Surely, it is not too late for the public to listen to the words of experience, and to stay the hangman's hand.

But we cannot dismiss the subject without making a few observations on the Medical evidence, little as it was. If the culprit had been a person of consideration in society, or if the trial had taken place in London, there is no doubt that a great array of Medical witnesses would have been called for the defence, and there is very little reason to question what would have been the result. The prisoner's family, however, are in very humble circumstances, and had therefore no means of procuring Medical evidence, and the humanity of the law provides none. The only Medical witness, therefore, was Mr. Higginson Fayle, of Chatham, who had attended the family, and it would be unfair to that gentleman to withhold from him a just meed of praise, not only for the very able manner in which he gave his testimony, but for the conscientiousness and perseverance with which he has maintained, against great general as well as local opposition, his opinion of the irresponsibility of the culprit. Had the latter, or his friends, been enabled to retain some leading Medical men on his behalf, evidence so obtained might, in the eyes of the public have perhaps been regarded with a certain degree of suspicion, but Mr. Fayle deserves great credit for taking up, upon purely scientific and philanthropic grounds, the cause of a miserable wretch, whose own wish is to be hanged, but whose execution, must be regarded in the eyes of every psychologist, as a judicial murder. Placed, too, under the great disadvantage of having an adverse Judge and jury, and having all the local prejudices arrayed against him, Mr. Fayle maintained his opinion, not only with unflinching pertinacity but also ability, showing himself to be well acquainted with the literature of a very difficult and abstruse department of Medical Jurisprudence. We publish elsewhere a letter from this gentleman (page 192), giving a history of the case, and we again express a hope, in the name of humanity as well as of science, that the wishes of the convict to be hanged will not be gratified, but that he will be consigned, for the rest of his life, to the safe custody of an Asylum for so-called criminal lunatics.

SUMMARY OF THE WEEK.

MR. HUXLEY'S LECTURES AT THE COLLEGE OF SURGEONS.

Professor Huxley brought his course of lectures at the College of Surgeons to a conclusion last week; but he will resume them next year. The lectures have excited very great interest, and some of the most distinguished anatomists and naturalists have attended the theatre of the College on the occasions of their delivery. At his last discourse there was a large attendance of the council, including the President, Mr. Lawrence, Mr. Hilton, Mr. Partridge, Mr. Solly, Mr. Kiernan, Mr. Arnott, and Mr. Hodgson, and several visitors, among whom we noticed Sir Charles Lyell. The Rev. Dr. Colenso has also been a frequent attendant at the course delivered by the accomplished though somewhat heterodox Professor. At the last lecture he gave a *résumé* of the development of the human skull. The analogy of its component parts to vertebræ originated with the poet Goethe, who was struck by the appearance of a lamb's skull which he accidentally picked up at Venice, and the idea was afterwards adopted by the learned but fanciful German anatomist, Oken. Since that time various authors have adopted the same views; but, according to Professor Huxley, the segments of the skull are not vertebræ, and never were such, but are adapted for their use by a series of developmental changes in fœtal life. Comparative anatomy is indebted, according to the Hunterian Professor, to Reichert and Rathke, for pointing out the true structure of the cranial segments, as determined by fœtal development. Professor Owen's name was never once mentioned during the lecture, a circumstance which struck some of the audience a peculiar, considering the number of years that the latter Professor held the position of Curator of the Hunterian Museum, and the number of lectures delivered by him in the very theatre where his name was now ignored and his morphological views contested.

THE CASE OF STONE *v.* APPLETON.

In our last number we briefly alluded to this very painful case involving the character of a member of our Profession. It is alleged that Mr. Appleton took advantage of his position as the Medical attendant of Mrs. Stone, to form an improper intimacy with that lady, the result of which was the birth of a child after the return of the husband from India. It appears that Captain Stone returned to England in May, and the child was born on the 2nd of January in the next year, so that it is possible it may have been a seven-months' child, and the offspring of Captain Stone. But the evidence on this point is unsatisfactory, and certainly cannot be relied upon on either side. The gentleman who attended Mrs. Stone in her confinement is since dead, and his testimony refers only generally to the weight and measurement of the infant, no accurate inquiries having been apparently made to determine the facts. Dr. Tyler Smith and Dr. Richards, who were called on the part of the defence, could also speak only generally, as they indeed knew nothing whatever of the facts, and they merely deposed that no certain rules could be adduced as to the period of gestation when the child was born. The case is the more complicated and unsatisfactory from the absence of Mr. Appleton, who has left the country in consequence of some pecuniary embarrassments in no way connected with the late trial, and it does not appear that he was even aware of the action. The report in the 'Times' of the summing-up of the Chief-Justice Cresswell, is apparently imperfect, for in some of the other papers he is said to have commented rather strongly upon the insufficiency of the evidence to inculpate Mr. Appleton, who may possibly, after all, be innocent of the charges brought against him. As to the assertion that he seduced Mrs. Stone while she was under the influence of chloroform, there is not a particle of evidence in support of such an accusation; but it no doubt told well with the jury. The chief witness against him was a woman of notoriously immoral character, who probably drew upon her own depraved imagination for the details of her evidence.

THE "MANLY VIGOUR" ADVERTISERS.

In another part of the Journal our readers will find an account of a short trial which took place a few days ago, in which Samuel Barker, *alias* Dr. de Roos was the defendant. The plaintiff was a Devonshire farmer, who, for some personal ailment, real or imaginary, resorted to "Dr. de Roos," having been attracted by one of the advertisements inserted by that individual in a country newspaper. He paid a guinea for advice and a bottle of medicine, and subsequently paid five pounds

more for more medicine, but as he derived no benefit from the advice and medicine, he had recourse to a Medical Practitioner (a course which he ought to have adopted at first), and soon recovered. He afterwards took the opinion of a solicitor, who brought an action for the recovery of the money he had paid. The counsel for the plaintiff stated that Samuel Barker, *alias* Dr. de Roos, had no Medical or Surgical qualification. The defendant allowed judgment to go by default, and the plaintiff accordingly had a verdict for his money. If persons who are duped of their funds by applying to ignorant pretenders to Medical Science, were bold enough or sensible enough to come forward in Courts of Justice, the results would be the same as in the case to which we have just alluded. They would get back their money, with which they ought never to have parted, and it is ten to one that the advertising "Doctor" will never venture to show his face in open court.

PROSECUTIONS UNDER THE MEDICAL ACT.

Since our article was written on the MEDICAL COUNCIL in our last number, we have learned that the Branch Medical Council for England have remitted to Mr. C. P. Symonds, of Ormskirk, the sum of 20*l.* (the amount of a penalty which the Treasurer of the Council had received) towards defraying the expenses of a prosecution under the 40th Section of the Medical Act. The prosecution was undertaken against a person named Josiah Archer Bowen for falsely pretending to be a Surgeon, and giving a certificate of death with the letters Sub-M.R.C.S. Eng. written after his name. This step on the part of the Medical Council is commendable, for it is a great hardship that the members of the Profession should fight out their battles without any assistance. We wish, however, that instead of some unfortunate wight who had passed the first examination of the College of Surgeons, the culprit had been one of those notorious and ignorant quacks who are destitute of any pretensions whatever, and who are rather protected than intimidated by the provisions of the Medical Act. Still we do not by any means blame the Profession in Ormskirk for acting as they have done; and we hope that their example may be followed in other places.

THE CASE OF RUSSELL *v.* ADAMS.

The following letter, written to a contemporary journal, reveals some fresh features in this very flagrant case :—

"SIR,—I feel that a just indignation at a system of persecution, and sympathy with a Medical brother, are sufficient motives for any man who has had a knowledge of the Russells to come forward and bear his testimony to their manner of life, previous to their making their atrocious attack on Mr. Adams. Thus actuated, I give mine as follows :—

"I first knew Mrs. and Miss Russell by seeing them whilst I was attending the late Mrs. Crump at the house of her son, with whom, after her decease, they resided, I attended at an after period—viz., from January to July, 1860, both Mrs. and Miss Russell. During this period they were continually boasting of their noble connections, claiming intimacy with the Earl of Shaftesbury, Lord Raynham, the Hon. B. Noel, &c. I was often surprised at the greatness of their correspondence, and the number of letters I have seen ready stamped for the post, and was struck with the fact that all the persons of influence with whom they professed acquaintanceship were the promoters and upholders of philanthropic institutions. This impressed me with the idea of the nature of this large correspondence, and of their acquaintance with these noblemen, which both before the trial and during it, from the evidence of Mr. Toynbee, was fully confirmed.

"During their stay with Mr. Crump they had the utmost kindness and consideration shown them by him, such as very few men would have shown; and it was only when he felt that he would be utterly ruined by the reckless manner in which they got into debt, he, after repeated expostulations, determined upon getting rid of them at any cost.

"During the trial, Mrs. Russell swore her daughter had never before been engaged. I distinctly remember her telling me on one occasion, when her daughter complained of illness, that there was a circumstance I ought to be acquainted with—viz., that a short time before they came to the Hornsey road, she (her daughter) had been cruelly betrayed by a gentleman on the very eve of marriage, after the wedding-dress was prepared, and every preparation made; and that, moreover, the betrayer was a minister of the Lord Jesus Christ.

"I think the evidence which came out during the trial was enough to carry conviction to the minds of ninety-nine men out of a hundred. At all events, having been present I feel confident the delay in the jury in finding their verdict filled with surprise a majority as large as this of those who were in court; yet the rejection of evidence then before the court on some points of law, prevented the base atrocity of the charge being fully recognised.

"I am, &c.,

"Hornsey road, Holloway, "EDWD. COTTEM, L.R.C.P. Ed.

"March 31."

REVIEW OF THE PERIODICALS.

'BRITISH MEDICAL JOURNAL.' Dr. J. HUGHES BENNETT contributes some remarks on the "Molecular Theory of Organisation," in reply to Dr. Beale, who denies the statement of Dr. Bennett that, in the formation of vibriones, several of the molecules forming the scum, unite to form minute filaments, and who thinks, moreover, in opposition to Dr. Bennett, that a molecule of oil, or phosphate of lime, can never live. Dr. Bennett now maintains that such molecules can live under certain circumstances, and re-asserts his original view that the molecules of the ovary coalesce to form the ovum, giving a number of diagrams in support of his theory. Dr. LIONEL BEALE concludes one of his short clinical lectures on the "First Principles of Medicine" delivered at King's College Hospital, and his present discourse is on the vital changes occurring in the mucus-corpuscle. From his researches, Dr. Beale draws the inferences :—"1. That the movements described in the mucus-corpuscle are due to peculiar endowment, and as such movements take place in living matter alone, it is right to speak of them as *vital.* 2. That physical and chemical changes take place in the fully formed mucus, but neither this nor any form of formed material, such as cell-wall, &c., is endowed with vital power. 3. That the only part of any cell-tissues, viscid mucus, &c., actually concerned in vital changes is what he (Dr. Beale) has termed *germinal matter.* If a structure is destitute of germinal matter, or if this substance has ceased to change, the structure is not living but *dead.* 4. Pabulum is *inanimate.* Germinal matter *lives.* Formed material was once alive (as germinal matter), but no longer *possesses vital powers.*" A long and able editorial article is devoted to the subject of "Hanging so-called Criminal Lunatics." The climate of Egypt, which has been generally regarded favourably in consumptive cases, is considered not to be so on the evidence of M. Schnapp, the French Sanitary Doctor at Alexandria, who states that scrofula commits fearful ravages among the Egyptian population, and that confirmed phthisis in Alexandria is always fatal. A proposition is advanced to raise a testimonial to the memory of the late Sir Benjamin Brodie, and it is justly urged that no British surgeon ever more fully deserved such an honour. The question of gratuitous medical services is discussed, and the results of a meeting of the Metropolitan Branch of the British Medical Association on this subject are commented upon. The resolutions adopted at the meeting were in favour of taking some decided steps in the matter.

The 'LANCET.' The number begins with a part of Professor HUXLEY'S fourth lecture on the "Structure and Development of the Vertebate Skeleton." The bones of the human cranium only are described, according to their development, as a preliminary study to the comparative anatomy of the skull in the other mammalian animals. Dr. J. HUGHES BENNETT continues his lectures on "Molecular Physiology, Pathology, and Therapeutics," and their application to the treatment of disease. The present lecture is on the Blood, in health and disease, and Dr. Bennett considers that the coloured corpuscles in mammals are nuclei, and are the result of

the coalescence of molecules in the blood-glands which precedes cell-formation. The colourless corpuscles, on the other hand, are cells, derived from the blood-glands as such. Dr. Richardson's theory of the coagulation of the blood being due to the escape of free ammonia, is proved by later investigations to be incorrect on various grounds. In treating of the morbid condition of the blood, Dr. Bennett claims the discovery of the affection called by him *leucocythæmia*, for Virchow, who also claims the discovery, had not written on the subject until six weeks after Dr. Bennett. The white cells of the blood were considered by Dr. Bennett at first as pus-corpuscles, and they are, in fact, identical in appearance with them. The lecture terminates by a classification of blood-diseases, founded upon the alteration in quantity of the constituents of blood. Mr. W. S. Savory contributes some "Experiments on Food, its Destination and Uses." The object of the experiments was to ascertain the truth of Liebig's theory of the division of food into plastic or nutritive and respiratory or calorifacient, and also to determine whether any portion of the food is directly burnt in the blood, whether any alhuminous food is directly calorifacient, and what is the source of urea. The experiments were made upon various animals, and their weight, their temperature, and the amount of urine excreted were noted, from time to time, under different kinds of diet. The experiments are not concluded in the present paper. Dr. Tilt writes a paper on the use of "Glycerine in Surgery and Medicine." He thinks that this substance is not sufficiently valued in this country as a therapeutical agent, although it is used in enormous quantities on the Continent for medicinal purposes, the annual consumption of glycerine in the Paris hospitals having risen from 1851 to 1861 to 3,000 lbs. in the latter year as compared with 300 lbs. in the former.

The 'Medical Times and Gazette.' Professor Huxley continues his lectures given at the College of Surgeons on the "Classification of the Animal Kingdom." The present lecture is devoted to the description of certain molluscous animals, particularly the lamellibranchiata, the branchio-gasteropoda, the pteropoda, and the cephalopoda, and in illustration of the anatomy of these tribes, diagrams and descriptions are given of the internal structures of the mussel (*anodon*), the whelk (*buccinum*), and the common snail (*helix*). Whitehead continues his notes on the causes of "Early Mortality," accompanying his remarks by reference to numerous tables. He considers as erroneous the popular belief that half of the children who are born, die before they have attained the age of five years. Such a notion must have been entertained by referring to some specially unhealthy localities. Mr. Knaggs relates a case of "Necrosis of the Femur after Fracture," in which operations were performed for the removal of the necrosed portions of bone, and the patient recovered with a serviceable limb. Mr. Robert Ellis describes the case of what he terms a "Model Hysteric," the patient being a lady subject to a great variety of anomalous and most painful disorders, which were treated unsuccessfully by a host of medical and surgical appliances, including leeches, cupping, blistering, catheterism, &c., but which at last gave way to the application of electricity by the plan called Faradisation. In a letter from Italy in another part of the Journal, mention is made of a new operation for stone, recently introduced and practised by Dr. Aymini, of Turin, by the agency of electricity, and called by him "Lithomalacia Electrica." The stone is said to be crushed and pulverized by the application to its substance of the two poles of a galvanic battery. It is also stated that Dr. Aymini intends to proceed to Paris and London.

'American Medical Times.' Dr. Detmold continues his lectures on Military Surgery, the present being on the subject of "Feigned and Factitious Diseases." The diseases feigned or caused artificially are diarrhœa, fever, hæmatemesis, contraction of limbs, paralysis, epilepsy, incontinence of urine, ophthalmia, amaurosis, chronic rheumatism, ulcers of the leg, and self-mutilation, and rules are given for discriminating these affections, whether real or pretended, and for treating malingerers. Dr. J. V. P. Quackenbush contributes a paper on the "Philosophy and Treatment of Pelvic Presentations," and the result of his experience is, to leave such cases, for the most part, to the natural effects, at least until the breech has passed the vulva, when manual interference may be necessary to complete the delivery of the head, but if ordinary and gentle traction is insufficient, the forceps or the perforator may become necessary. Dr. A. Lagling, of New York, relates a case of spinal curvature in a girl, treated successfully by the application of electro-magnetism to the spine, but the patient was also kept in the prone position, friction with hair-cloths was employed, with occasional baths, and syrup of iodide of iron was administered internally. A report is given of a meeting of the American Medical Association, at which, among other matters, some important resolutions were adopted on the subject of Medical Education. It may not be generally known, perhaps, that the system of medical education in the United States is at present very imperfect, and the steps now taken by the Association are in the right direction. Candidates for medical degrees are directed to engage in study for at least three whole years, and all Colleges are enjoined to require evidence of preliminary education from the candidates.

REVIEW OF BOOKS.

A Handbook of Uterine Therapeutics. By Edward John Tilt, M.D Member of the Royal College of Physicians, pp. 309. London, 1863.

Dr. Tilt has devoted many years to the practical study of the uterus, and anything that comes from his pen upon this subject deserves attention. In the present work he passes in review the various therapeutical measures, both medical and surgical, which are adapted to relieve the diseases of the organs peculiar to females. His style is lucid, though sometimes rather quaint, and he is fond of using Gallicisms, but on the whole his observations are those of an intelligent observer and thoughtful practitioner. Considering the very large number of cases of uterine disturbance which come under the notice of the profession, a work which treats specially of such matters must possess very general interest.

Under the head of Uterine Dietetics, Dr. Tilt insists on the necessity of vaginal injections, and condemns as insufficient the use of the small glass or pewter syringe, commonly employed. He recommends Coxeter's Vulcanised India-rubber Syphon syringe, by which one or two pints of water may be injected and re-injected, for any given time. Baths are very useful also in uterine complaints, but, according to Dr. Tilt, they are not sufficiently employed to be of much service. He ridicules the idea of persons remaining ten minutes or a quarter of an hour in the bath, and thinks that a female patient cannot derive the full benefit from the remedy under an hour at least. The application of the Turkish bath to the treatment of uterine affections is considered by Dr. Tilt to be very limited, and he advises his patients not to use a higher temperature than 125° F.

Notwithstanding the objections commonly entertained at present against the antiphlogistic treatment by bleeding, purging, and low diet, Dr. Tilt maintains that such a plan is often necessary, and he regards the stimulant system, exclusively carried out, to be full of danger. In all cases of inflammation, therefore, where the patient is plethoric, he advocates the moderate abstraction of blood, either by the arm, or, what is better, by the local application of leeches, or by scarifications, and in many instances he recommends the use of mercury, either taken internally or applied externally, and carried to salivation. The use of stimulants in the present day, Dr. Tilt thinks has been carried too far, and he regards the administration of large quantities of alcohol as highly objectionable in purely inflammatory affections.

As may be expected of an intimate friend of Dr. Henry Bennet, and a follower of his practice, Dr. Tilt enters largely into the local treatment of diseases of the neck of the womb. The strong solution of nitrate of silver (40 gr. or even ʒii. to the ounce,) he regards as a valuable application in some cases, and the acid nitrate of mercury is occasionally useful, although it must be used with care, but special commendation is bestowed upon the potassa fusa cum calce as a local application, and its use is warmly defended against all assailants. Its dangers are said to have been greatly magnified and Dr. Tilt declares that he has never been able to melt down the neck of the womb by means of this application, which is, in fact, much milder than the potassa fusa.

In the mechanical treatment of displacements of the womb, hypogastric bandages are useful, and pessaries of various construction are still more so, the form preferred by Dr. Tilt for the latter instrument being the globular, because it is most easily borne by the pelvic viscera, and the best material is vulcanised india-rubber. Air-pessaries are preferable to those made of solid substances because they can be introduced empty, and afterwards filled, and when it is desirable to withdraw the instrument, it is merely necessary to let out the air, when the bag collapses, and is easily removed. Dr. Tilt strongly condemns the use of intra-uterine pessaries, and he considers the employment of the uterine sound to be attended with great danger.

At the end of the book there is a select formulary embracing lotions, liniments, ointments, plasters, injections, enemata, mixtures, and pills, employed in the treatment of uterine diseases.

Dr. Tilt's work is very creditable to his research and to his practical skill, and it will be an acceptable handbook on the shelves of medical practitioners.

On Effusions of Blood in the Neighbourhood of the Uterus; or, the so-called Peri-uterine Hæmatocele. By Henry M. Tuckwell, M.A., M.B. (Oxon) pp. 41. Oxford.

The affection which forms the subject of this pamphlet has been described by various authors, and it consists of an effusion of blood into the vicinity of the uterus, either within or without the peritoneal sac. It appears to be often caused by an obstruction to the natural outlet of the menstrual blood, and its regurgitation into the peritoneal cavity; sometimes by hæmorrhage into the Fallopian tube at the menstrual epoch, or by rupture of the sac in extra-uterine fœtation, or by escape of blood from a Graafian vesicle, or by rupture of a varicose vein in the pampiniform plexus of the ovary. It usually occurs suddenly, and at the period of menstruation, and is sometimes fatal. It may be mistaken for abscess in the neighbourhood of the uterus, for certain ovarian cysts, and for sanguineous cysts of the ovary. The treatment depends upon the extent of the disease, and the amount of constitutional disturbance. When there is collapse, the hæmorrhage must, if possible, be arrested, the patient's health supported, and the pain relieved. In other cases, leeches may be applied to the abdomen and opium administered, but the most effectual remedy, when it can be employed, is the introduction of a trocar and canula, or a bistoury, into the tumour, and the removal of the blood. Of twenty-five cases in which the operation was performed, only two died; all derived immediate benefit, and twenty-three recovered.

GENERAL CORRESPONDENCE.

THE CASE OF THE CONVICT BURTON.

To the Editor of the Medical Circular.

SIR,—I was summoned almost at the last moment to give evidence at the late trial of the lad Burton, at Maidstone, having been the medical attendant of himself and his family.

During my short examination, I stated the opinion which I still hold, that he is a homicidal monomaniac. My reasons for having come to this conclusion are few, but cogent.

First comes the fact of insanity having shown itself in his mother, who has twice attempted suicide—in his brother, who is decidedly of weak intellect; and also in his aunt (his father's sister), who is now an inmate of a lunatic asylum—thus we have insanity on both sides, and let me here remark, that the suicidal tendency in mother and son is most striking, her unfortunate son, for the same end, having committed murder, it must be remembered, not for revenge, not in anger, but merely for that end which the mother has twice sought in vain, but which, if the sentence of death should be carried out, the son will have gained. The verdict for the suicide is "temporary insanity." The same plea may surely be urged for this young man, who, while seeking, like the suicide, his own destruction, has, at the same time, by a motiveless and insane crime, made his insanity more evident. It is no common criminal who has murdered his enemy, or even an imaginary enemy, his victim was a little child against whom he had no ill-feeling whatever, and his sole object was to die by the hangman's hand. In reference to insanity leading "a person to commit murder in order that he might die by the hand of justice, Abercrombie (no mean authority) says in his work on the "Intellectual Powers," page 267, "Several instances are on record in which this remarkable mental process was distinctly traced and acknowledged, and in which there was no mixture of malice against the individuals who were murdered. On the contrary, *they were generally children*; and in one of the cases, the maniac distinctly avowed his resolution to commit murder with the view of dying by a sentence of the law, and at the same time, his determination that his victim should be a child, as he would thus avoid the additional guilt of sending a person out of the world, in a state of unrepented sin. The mental process, in such cases, presents a most interesting subject of reflection. It appears to be purely a process of association without the power of reasoning."

Surely, when pronouncing judgment on a criminal, we should not be guided only by the circumstances of the act, however deliberate, when that act is, in itself, an unaccountable one. We should look into the antecedents of the accused, his habits, life, family, connexions, &c. We will suppose that the scrutiny has taken place, what has been the result? It is found that this boy was, to use a concise, but well-understood expression, "never like other boys," he was unsettled, wild, eating soap and candles, cutting off the leg of a dead cat and eating it raw, devouring the remainder of the animal when baked in a pie (this not from hunger), running till he was in an exhausted state in a wild senseless manner, the child of a suicidal monomaniac, the brother of a half idiot, and the nephew of a lunatic aunt (his father's sister). That he has made an unfavourable impression on those who have come in contact with him during his short life is but too true, and it is an interesting fact that two years ago, an intelligent, good man, after having conversed with him, said that he could make nothing of him, and that if he was not mad then, he feared he would be so ere long. It is not always easy to distinguish between moral depravity and moral insanity, until some wild fearful action like this murder, and others of the same class, bring out the lurking insanity into bold outline. To my own mind, the utterly motiveless nature of the crime, as regarded the poor child, with his perfect conviction of the consequences of the act as regarded himself, are conclusive, when the wayward, fitful temperament from the cradle to the foot of the gallows is viewed by the light which hereditary insanity throws upon it.

I am, &c.,

Chatham, April 2. HIGGINSON FAYLE, M.R.C.S.E.

MEDICAL PROVIDENT ASSOCIATION.

To the Editor of the Medical Circular.

SIR,—I beg leave to inform you that, in consequence of the various letters that have appeared in the Medical Journals on the subject of Health Assurance, a meeting of medical practitioners was held at Cheltenham, on the 31st ultimo, for the purpose of taking the matter into consideration.

The meeting was held at the house of W. Dalton, Esq., F.R.C.S., under the presidency of Dr. Abercrombie, F.R.C.P. It was convened by circulars, signed by the above gentlemen, as well as by Dr. Colledge, Mr. Rumsey, Dr. Eves, Dr. Rooke, and myself.

I will not attempt to give anything like a *verbatim* report of the remarks of the various speakers; but will only say that the meeting regarded the question under a threefold aspect:—Wishing to ascertain, first, whether a Provident Association for the purpose of giving its members an income during sickness, would be generally acceptable and useful to the Profession? Secondly, what would be its proper scope and aim? Lastly, what would be the cost of maintaining it in operation? It was the opinion of the meeting that the two first questions must be satisfactorily answered by the Profession, as a necessary preliminary to the solution of the third by an actuary.

It was therefore moved by Dr. Eves, seconded by Mr. Dalton, and carried unanimously:—

"That the proposition for the formation of a Medical Provident Association, is one entitled to the best consideration of the Profession."

It was moved by Dr. Hobson, seconded by Dr. Philson, and carried unanimously:—

"That the Editors of the Medical Journals be requested kindly to give publicity to the following questions; and that individual practitioners be requested to reply to them:—

1. Do you think such an institution desirable for the Profession generally?
2. Should you be inclined to become a subscriber?
3. What has been, in weeks, your own annual average of sickness sufficiently severe to disable you from practice?

Having intimated to the meeting that I was prepared to receive and arrange the answers to these questions, I was requested to undertake the task. I hope that all gentlemen who feel interest in the matter, will favour me with early communications; and, in a fortnight from the publication of this paper, I purpose to commence an analysis of the letters I receive. If the scheme should be generally approved, a second meeting will be in a position to make public an outline of the scope and aim of the association, as a basis for the discussion of details into which it would now be premature to enter. As soon as this can be done, it would be advantageous to hold meetings in various parts of the country; but, at present, in the absence of further information, such meetings would hardly produce benefit equivalent to the trouble and inconvenience of holding them.

Having said thus much as the mouthpiece of the meeting, I would beg leave most earnestly to urge the matter upon the attention of my Professional brethren. If a Provident Association can be carried out at a moderate cost, it will be a great benefit to a large number of practitioners; and, on the other hand, if there be insuperable difficulties or objections in the way, they may be now brought to light, and the question set at rest for ever.

I am, &c., R. B. CARTER.

Stroud, Gloucestershire, April 4, 1863.

EPITOME OF THE REGULATIONS ON POOR-LAW MEDICAL RELIEF, AS LAID BEFORE THE SELECT COMMITTEE.

Mr. Griffin has forwarded to us in a pamphlet the following epitome:—

Class of Persons to be Entitled to Medical Relief.

1. A quarterly list of all paupers in each medical district to be made out and given to the medical officer.

2. It shall be the duty of the medical officer to attend all persons on that list when sick, on the application of the pauper, or any other person on his behalf.

3. That it shall be the duty of the relieving officer, or, where there is no relieving officer living within one mile from the abode of the sick person, of the overseer, to give to a destitute person requiring medical relief an order on the medical officer of the district; but if the earnings of the entire family shall exceed 10s. per week (too low), then the order shall be given as a loan only, and if the earnings exceed 20s. a week, then the medical officer may, if he think fit, charge the patient for his attendance, and the order be void.

4. An order to continue in force until the ensuing quarter-day, should the illness continue so long, or, if granted within fourteen days prior to the end of a quarter, it is to continue in force until the next ensuing quarter-day.

5. Patients under treatment on one quarterly list, if placed on the next to be paid for as fresh patients.

6. A medical man attending a poor person not on that quarterly list, without an order, not to be required to repeat his attendance, if he so inform the patient, until an order be procured, but if he continues his attendance, and the guardians do not object to it at their next meeting, then the medical officer is to be remunerated as if an order had been obtained.

7. The duty of the guardians will be to examine the medical lists, and strike out all names improperly recorded, but the medical officer is nevertheless to be paid for his past attendance at half the amount of an ordinary case of illness. Cases of childbirth or operations to be paid for by the whole or part of a fee. The guardians may reimburse themselves by declaring the relief a loan.

8. When the guardians decide that a loan is to be enforced, it shall be the duty of the clerk to forward the amount to the overseer of the parish, who shall collect it with the poors'-rate, and if it be not paid, to summon the defaulter before the magistrates, as in the case of an unpaid poors'-rate. The magistrates to have power to enforce or remit the payment.

Election and Qualification of Medical Officers.

9. Medical officers to be registered at the time of election, and qualified in accordance with the order of the Poor-law Board, in force at the time of the election. If impracticable to obtain a person so qualified, then the guardians may employ, under certain conditions, a person not so qualified, but only until the end of the year, when the office shall be re-advertised as vacant, and a fresh election take place.

10. The Poor-law Board, under the advice of the General Council of Medical Education and Registration, within six months after passing this Bill, to issue an order declaring the requisite qualifications of a Poor-law medical officer, which order shall be revised from time to time, if deemed desirable.

11. Assistants of medical officers to be ineligible for office.

Permanency of Appointment.

12. A medical officer resident in, or within one mile of, the workhouse, district, parish, or school for which he has been, or shall be appointed, or may hereafter become so resident, shall be permanently appointed to all those parts of his district situated within six miles of his residence, subject, however, to Section 13, and correct fulfilment of his duties, &c.

Change in the Extent of a District.

13. Districts to be altered by the guardians, when deemed desirable, subject to the consent of the Poor-law Board, and to the proviso that the medical officer already in office shall be entitled to retain that portion of the district nearest his residence without a re-election.

Size of a District.

14. A medical officer not to have a district extending beyond six miles from his residence, or have more than 1,000 patients annually under his care, whom he is called upon to visit at their own houses, exceptions to this rule provided for.

Medical Remuneration.

15. A fixed salary, founded on a triennial calculation of the number of patients and the distance of the farthest inhabited house in the district.

The amount of payment to be not less than after the rate of 5s. per patient up to 300 in number, and 2s. per patient for all above that number, with an additional payment of 1s. per mile for each patient, if the farthest inhabited house in the district be one mile distant, and so on in proportion to the distance.

Example.—A medical man has attended on an average during the last three years 250 patients per annum, and the farthest inhabited house in his district is distant over two and under three miles, his payment will be fixed for the next three years as follows:

		£	s.	d.
250 patients at 5s. each	. .	62	10	0
Mileage at 3s. each patient	.	37	10	0
Total		£100	0	0

Second Example.—A medical man has attended on an average of the last three years 500 patients, at a similar distance (under three miles).

		£	s.	d.
300 patients at 5s. each	. .	75	0	0
200 at 2s. each	. .	20	0	0
Mileage at 3s. each patient	.	75	0	0
Total		£170	0	0

The salary of the medical officer of a workhouse, infirmary, lunatic asylum, or school-house, to be paid after the same manner, but instead of mileage he shall be paid 1s. for each attendance at the workhouse, if situated within 1 mile from his residence; if beyond that distance, an additional 1s. per mile to be paid for each attendance.

Contracts now in existence to continue in force, if so desired by any of the present medical officers.

Tolls.

22. The Poor-law medical officer, whilst on duty visiting pauper patients, to be free from tolls.

Assessed Taxes.

23. The Poor-law medical officer to be free of the taxes assessed on one horse, carriage, and man-servant.

Meat, Wine, &c.

24. The relieving officer and master of the workhouse to obey the directions of the medical officer in regard to diet for a sick patient, until ordered to the contrary by the board of guardians.

Wine, brandy, and gin to be kept at the workhouse, dispensary, or some other convenient place, and given out by the relieving officer, master of the workhouse, dispenser, or such other person as the guardians may direct.

All meat to be inspected by the relieving officer, or some other person to be named by the guardians, before given to the poor, and not to be given out for a longer period than three or four days at one time.

Medical Relief not to be a Disqualification.

15. Medical relief, if unaccompanied by other relief, not to be deemed parochial relief, &c.

Medical Disbursements whence Payable—Drugs.

26. Disbursements for medical relief to be paid in equal proportions out of the common fund of the union, and such moneys as may be provided by Parliament for the purpose. Poor-law Board to have the power to order the establishment of dispensaries, and, if they deem it expedient, provide drugs, and pay for them out of the moneys voted by Parliament towards medical disbursements. Guardians not carrying out this Act are not to participate in any Parliamentary grant.

Register of Diseases.

27. Relieving Officer to affix a mark weekly, in red ink, against the names of all persons in the receipt of medical relief only.

Medical Officers to give an account half-yearly to the clerk of the guardians of the number of deaths, number of cases of diphtheria, cholera, diarrhœa, continued fever, scarlet-fever, measles, whooping-cough, small-pox, or any other disease which the Poor-law Board may deem it desirable to record.

Clerk of union to report these cases to the Poor-law Board. Poor-law Board to report them to Parliament.

Medical Secretary.

28. Poor-law Board to appoint a medical secretary, who shall be a registered medical man, and have been a Poor-law medical officer. His duty shall be to conduct the medical correspondence, prepare the medical report for Parliament, and adjudicate on all matters in reference to medical relief, subject to the confirmation of the Poor law Board. His salary to be fixed by the Lord High Treasurer, or the Commissioners of the Treasury.

Officers of Health.

29. Where medical officers of Health have not been appointed, the Poor-law medical officers shall be the medical officers of health for their respective districts, and receive such salaries from the Consolidated Fund or the poors'-rate, as the Poor-law Board shall direct.

Superannuation Allowance.

30. On the resignation of a medical officer, after not less than ten years' service, from some infirmity of mind or body, which renders him incapable to discharge the duties of his office, the guardians shall pay him such a superannuation allowance as the Poor-law Board may direct, the said allowance to be not less in amount than one-third of the salary he was receiving at the time of his resignation. The allowance to be considered as a disbursement for medical relief.

Appointments Contrary to Regulation.

31. The Poor-law Board annually to lay before Parliament a list of all appointments made contrary to their rules and regulations, and state the reasons which have induced them to confirm the said appointments.

Duties of a Medical Officer.

32. The regulations are nearly similar to those now in force.

Vaccination Regulations.

33. These have not yet been laid before the Committee, but are published in the pamphlet headed "Evidence, 1861," copies of which have been forwarded to all subscribers to the Association since 1861, and new subscribers shall have copies, so far as those in hand will permit.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS

March 29th, 1863.

BIRTHS AND DEATHS REGISTRATION (IRELAND) BILL.

On the motion for the third reading of this Bill,

The Earl of Brandon proposed an amendment of which he had privately given notice to the noble earl opposite, the effect of which was to assimilate the machinery of registration in Ireland to that of England. It was said that if his amendment were carried the Bill would be lost, but he hoped their lordships would judge it upon its own merits.

The Earl of St. Germans hoped that their lordships would not agree to the amendment.

The Earl of Leitrim supported the amendment.

The Earl of Derby thought that there might be an objection to limiting the choice of the guardians to dispensary surgeons, because in some cases, especially in large towns, those gentleman might be too much occupied to be able efficiently to discharge the duties of the office of registrar. He would, however, suggest to his noble friend behind him that it would be as well he should not press his amendment, but that he should allow the Bill to pass as it had been agreed to in the House of Commons. The amendment was then withdrawn, and the Bill passed.

HOUSE OF COMMONS.

March 27th, 1863.

THE CHATHAM MURDER.

Mr. Blake asked the Secretary of State for the Home Department whether, in the case of the convict Burton, now under sentence of death at Maidstone Gaol for the murder of a child at Chatham lines an application was not made at the trial for the examination of the prisoner by Dr. Forbes Winslow, or some other physician of experience in insanity, and refused by the judge; and whether, taking into consideration the fact of Burton's mother being confined in a lunatic asylum, and his brother not being of souud mind, it was his intention to order such an examination to be now made? He was informed that the prisoner's counsel applied to the judge to order that the evidence of eminent medical men should be procured to show whether, when the prisoner commited the act he was labouring under insanity or not. Mr. Justice Wightman, however, stated that he had no funds at his disposal for such a purpose. He trusted that the right hon. gentleman would satisfy himself whether this unhappy man was insane or not.

Sir G Gray was not aware that any application had been made to the judge of the nature described by the hon. member. The defence of the prisoner was his alleged insanity. Evidence was adduced on the subject, and the judge laid down the law in accordance with the highest legal authorities. The jury, after full and patient consideration, were of opinion that the prisoner was morally responsible for his actions. In answear to the second question, he had to state that no facts had come under his notice which would justify such an examination.

LEGAL INTELLIGENCE.

HOME CIRCUIT.—Kingston, April 2.

(*Before Mr. Justice* Wightman *and a common Jury.*)

WEISS V. M'KENZIE.

This was an action to recover 35*l.* for commission for procuring the defendant a partnership in a medical business, and the circumstances were somewhat peculiar.

Mr. Hawkins Q. C., and Mr. Day were for the plaintiff; and Mr. Serjeant Ballantine and Mr. Watkin Williams for the defendant.

The plaintiff in this action was a person named Martin Weiss, a member of the Jewish persuasion, who carries on the business of a medical agency, and also a governess's institution and scholastic agency, in King William-street, and who styles himself "Dr. Weiss," upon a diploma of licentiate of medicine granted by the Dublin University. The defendant is Mr. Morel M'Kenzie, who was formerly a medical officer of the London Hospital; and the action was brought to recover the sum stated as commission for the plaintiff having procured him a partnership with a medical gentleman namedMargetson, in the course of last year. From the evidence of the plaintiff it appeared that he had inserted certain advertisements in the 'Lancet,' and the defendant called upon him and expressed a wish to become a partner in a good medical practice, and that he told him Dr. Margetson was desirous to have a partner, and the sum required would be 700*l.* He said that he at the same time showed the defendant a circular, one of the terms of which was that in all cases where he was the means of procuring either a vendor or a purchaser of a partnership or a business he expected to be paid 5 per cent. commission by both, and that, although the defendant objected at first, he ultimately agreed to these terms. An arrangement having been completed between the defendant and Mr. Margetson, the latter, it appeared, paid the plaintiff 35*l.* as his commission, but the defendant repudiated the alleged agreement, and the present action was brought to recover the amount. The plaintiff, who was called to prove the above facts, was subjected to a severe cross-examination by Mr. Serjeant Ballantine, in the course of which he admitted that at the last Guildford assizes an action was brought against him by a young lady for whom he had undertaken to procure a situation as governess to recover back a sum of 60*l.*, which she alleged had been obtained from her by fraud, and that she obtained a verdict, and he had been compelled to repay the money. It also appeared that the "agencies" referred to were carried on in the name of Weiss and Co., but he said the "Co." had left the concern a year and a half ago, and the Weiss and Co. now all centred in his own person.

Mr. Serjeant Ballantine, in his address to the jury for the defendant, characterised the action as an impudent attempt to extort money from the defendant, who, he said, was a gentleman of eminence in his profession, and a man of great respectability, and who would never have thought of resisting such a claim if there had been the slightest foundation for it.

The Defendant was then examined, and he denied in the most positive manner that the plaintiff ever called his attention to the circular alluded to, or that anything was said about his having to pay him a commission of 5 per cent., and he said that he did not see the circular until after he had concluded the arrangement with Mr. Margetson, and then the defendant sent him one in a letter. He also stated that when the plaintiff made his claim upon him he at once repudiated his liability, and he pressed him to pay him, and said he should be sorry to be compelled to bring an action against such a distinguished member of the medical profession (a laugh).

Mr. Justice Wightman was about to sum up when the jury interposed and said they were all of opinion that it was unnecessary for him to do so, as they were unanimous in returning a verdict for the defendant.

Sheriffs' Court, Red Lion Square.

Johns v. Barker.

On Thursday last, an action was brought in the Sheriff's Court, Red Lion Square, by a person named Johns, against Samuel Barker, alias Dr. de Roos. The statement made by the plaintiff's Counsel was that Johns saw an advertisement in the newspaper from Dr. de Roos purporting to cure certain diseases, and that Johns accordingly went to consult him, believing him to be a duly qualified medical man. He paid a guinea and received a bottle of medicine, and he subsequently wrote to the defendant, who in reply demanded the further sum of 5*l.*, which was sent, and more medicine was forwarded. According to the statement of the plaintiff, the medicine did him no good, but he became worse after taking it, and he eventually went to a medical man in his neighbourhood and recovered his health. The defendant Barker, or de Roos did not appear, but allowed judgment to go by default, and the present inquiry was to assess the damages. The under Sheriff (Mr. Burchell), instructed the jury that they must find for the plaintiff, and they accordingly returned a verdict for 6*l.* 1s. being the whole sum paid by the plaintiff to the defendant.

Births, Marriages, and Deaths.

BIRTHS.

Callaghan.—On the 25th ult., at South mall, Cork, the wife of R. Callaghan, M.D., of a son.

Fyffe.—On the 25th ult., at Upper Leeson street, Dublin, the wife of W. Johnstone Fyffe, M.D., Surgeon 5th Dragoon Guards, of a son.

Lukyn.—On the 26th ult., at Ealing, the wife of T. Lukyn, Dentist, of a son.

Lindsay.—On the 24th ult., at Pitcullen bank, Perth, the wife of W. Lauder Lindsay, M.D., of a daughter.

Pearse.—On the 29th ult., at Crockerbtown, Cardiff, the wife of F. Pearse, L.R.C.P.Ed., of a son.

Rose.—On the 28th ult., at Hampstead, the wife of H. Cooper Rose, M.D., of a son.

Siordet.—On the 22nd ult., at Mentone, near Nice, the wife of J. Lewis Siordet, M.B., of a daughter.

SKIPTON.—On the 27th ult., at Bellevue terrace, Edinburgh, the wife of S. Stacey Skipton, M.D., of the 78th Highlanders, of a son.

MARRIAGES.

HILL—NEWTON.—On the 26th ult., at Manchester Cathedral, P. Hulme Hill, L.F.P.S.Glas., of Barton House, Openshaw, Manchester, to Elizabeth Harriett, youngest daughter of W. Gibben Newton, Esq.

MACNAMARA—SIDMOUTH.—On the 19th ult., at Leghorn, W. Macnamara, L.R.C.S.I., Assist-Surg. 4th Dragoon Guards, to Catherina Amelia, eldest daughter of Capt. Elphinstone, R.N., of Livonia, Sidmouth.

QUINN—FARLEY.—On the 7th of Jan., at Vizipagatam, T. Quinn, Esq., the Medical Department, to Mary Louisa, eldest daughter of W. S. Farley, Esq.

DEATHS.

BRYDGES.—On the 13th ult., at Aylton, near Ledbury, W. H. Brydges, Surgeon, formerly of Ledbury, aged 83.

BROWNBILL.—On the 26th ult., T. F. Brownbill, F.R.C.S.E., of the Crescent, Salford, Manchester, aged 51.

CASWALL.—On the 27th ult., at Tunbridge, C. Caswall M.R.C.S.E., aged 58.

FOGARTY.—On the 21st ult., at Lawrence street, Drogheda, T. T. Fogarty, M.D., J.P.

HUTCHESON.—On the 24th ult., at Bath place, Ayr, W. Hutcheson, M.D., aged 56.

KAY.—On the 20th ult., at Bradford, Yorkshire, D. Kay, M.D., aged 46.

MARTIN.—On the 19th ult., at Langlands place, Dumfries, Jas. H. Martin, Student of Medicine.

MARTIN.—On the 25th ult., at Ipswich, R. E. Martin, M.R.C.S.E., late of Brighton, aged 45.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows held on the 30th ult., Thomas Watson, M.D., Cantab., was elected President of the College for the ensuing year. At the same meeting, the following gentlemen, having undergone the necessary examination, were duly admitted Members of the College:—Henry Heanes Crucknell, M.B., King's College Hospital; Octavius Sturges, M. B., 35, Connaught-square; Henry Llewellyn Williams, M.D., 9, Leonard-place, Kensington. The following gentlemen passed the Preliminary Examination in the subjects of General Education on the 28th ult.; Robert Mark Bradford, Exeter; Walter Branson, Worthing; Henry Cheesman, 2, Finsbury-square; Frederick Churchill, Backham-terrace, Lambeth; Arthur Bowes Elliott, Richmond, Yorkshire; Richard Hay, Bridport, Dorset; Walter Smith, Ringwood, Hants; Lyttleton Stewart Winslow, Caius College, Cambridge.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practice, on the 26th ult.:—James Allen Hale, near Liverpool; Frederick Page Atkinson, St. Thomas's Hospital; Thomas Baker, Birmingham; Thomas Lawson, Craister, Leeds; Francis Blake Hutchinson, London; John Page Julian, Durham; Samuel Lloyd, Smithwick; George Ireland Russell, Gravesend; Robert Sidney Stone, Bath; Henry Seckamp Ward, Horncastle; Henry Charles Wine, Bristol.

TYPHUS FEVER AT PRESTON has greatly decreased. This is no doubt owing to the energetic labours of our medical brethren in the cause of health.

THE KING OF THE BELGIANS has undergone another operation for stone. Unfortunately Dr. Langiewicz has succeeded in extracting only a small fragment, the principal calculus remaining.

IMPORTATION OF QUININE.—In 1838 our importation of foreign-made quinine, taken for home consumption, was 101,705 ounces, of and in the five subsequent years it was only half of that quantity. In 1861 we imported 81,557 ounces, valued at 25,635*l.*, and exported 47,427 ounces.

CONSUMPTION OF WINE BY PAUPER PATIENTS.—In 1862, 134 patients in the East London Union were supplied with wines and spirits by the order of the medical attendants, the quantity being 130½ gallons, at the cost of 140*l.* 12s. This evidences a wise economy on the part of the guardians.

IDIOTIC HUMAN BRAIN.—We learn that it is the intention of Mr. R. T. Gore, of Bath, to lay before the Anthropological Society of London on Tuesday, the 7th instant. evidence of the brain of a female microcephale, aged forty-two, of whom the brain weighed only 10oz. 5dr., a smaller weight than hitherto recorded.

MUSCULAR ELECTRICITY.—Ranke, the German physiologist, has published, amongst the results of his investigations into the phenomena of electric currents in the muscles, the fact that dead muscle, is a much better conductor of electricity than the living muscle because, as he judges, of the presence of certain products of decomposition which do not appear till after death.

IMPORTATION OF PERUVIAN BARK.—The average importation of Peruvian bark for five years ending 1840 was 280,000 lbs. In 1845, 5078 cwt. was received, of which 4100 cwt., was re-exported. In 1850 the imports had increased to 10,536 cwt., and from that period they gradually advanced to 27,598 cwt, in 1856, the largest quantity ever received. Since that time there has been a steady retrogression to 21,000 cwt. in 1857, 18,000 cwt. in 1858, and 9000 cwt. in 1860. In 1861 there was a partial recovery to 12,477 cwt., of the estimated value of 185,672*l.*

GOVERNMENT GRANTS TO MEDICAL AND OTHER INSTITUTIONS.—In the House of Commons on Thursday week the following sums were voted:—3752*l.* for the inspection of lunatic asylums in Ireland; 48,511*l.* for the General Register Offices in England, Scotland, and Ireland; 2098*l.* for quarantine expenses. The following sums were voted for the Dublin medical charities:—1600*l.* for the Lock Hospital; 700*l.* for the Rotunda Lying-in Hospital; 200*l.* for the Coombe Lying-in Hospital; 1500*l.* for the Cork-street Fever Hospital; 600*l.* for the Meath Hospital; 100*l.* for St. Mark's Opthalmic Hospital; 1300*l.* for Dr. Steevens's Hospital; and 245*l.* for the Board of Superintendence and Dublin Hospitals.

THE INCOME OF ST. BARTHOLOMEW'S HOSPITAL last year was 54,767*l.* towards which only 579*l.* was contributed in benefactions. The amount received from rents was 29,260*l.* dividends on stock, 4870*l.* The total outlay during the year was 40,546*l.* It would appear that the funds of this royal hospital are judiciously managed.

HYDROPHOBIA.—During a series of experiments made by Professor Renault, and communicated to the Academy of Sciences, respecting the period required for the development of symptoms of hydrophobia, he caused 131 dogs to be either bitten by mad dogs, or inoculated with their saliva. Of these, 63 showed no symptoms during a period of four months, and were therefore considered free. Of the remaining 68, 31 became mad after the 40th day; 23 after the 45th; 16 after the 50th; 14 after the 55th; 12 after the 60th; 8 after the 65th; 7 after the 70th; 3 after the 80th, and 1 upon the 118th.

CAMBRIDGE UNIVERSITY MUSEUM.—The new museums and lecture rooms will be arranged about a quadrangular court, the building on the east side of which will be occupied by the Professor of Comparative Anatomy, and by the Museum of Zoology, in close proximity to the building at present occupied by anatomy, chemistry and botany, which will be altered for the reception of human anatomy and chemistry only.

TESTIMONIAL TO Mr. P. HUMBLEY BANKS, M.R.C.S. AND HIS WIFE.—On the occasion of Mr. and Mrs. Banks leaving Essex to reside at Risley, Bedfordshire, they were presented, the former with a time-piece, and the latter with a silver salver. The inscription on the time-piece was as follows:—"Presented to Mr. P. H. Banks, M.R.C.S. and L.A.C., by a few friends, in token of their high esteem for his kind and energetic conduct in promoting the welfare of the inhabitants generally of this locality." The inscription on the salver was—"Presented to Mrs. P. H. Banks, with kindest wishes, by a few lady friends of Barking-road, Essex."

THE WHITWORTH FEVER HOSPITAL, DUBLIN.—The 'Irish Times' in reference to a recent allegation of the "uselessness" of the above hospital by the writer of a letter signed "Medicus," says that at no period since its institution has it been so fully occupied or so much appreciated. The number of patients admitted was 112 in 1861, and 144 in 1862; the dispensary attendances amounted to 1600. The utility of the hospital is limited only by its extents and by its means.

MINERAL SPRINGS OF FRANCE.—France boasts the possession of 165 mineral springs, the greater part of which are controlled by the Government. The most famous is that of Vichy. Professor Chas Lee states that up to the 20th of August, 1862, no less than 15,483 patients had registered their names in that year to try the waters, besides 1,324 servants who accompanied them. The springs, nine in number, were first taken possession of by Napolean the First, in 1810; there are now 306 bath-rooms, and 39 rooms for douche-baths. There is also a good export trade from Vichy, for, in 1861, the Government sent out and sold 1,250,000 bottles of water, in addition to an immense quantity of dried salts extracted from the waters, and pastilles made for the Government from the same salts The town itself, consisting of an old and new part, is a wretched place. Passengers run to it by train from Paris in about nine hours. —'Social Science Review'.

INSANE POOR.—On the 1st of January, 1862, there were in England and Wales (not including a few parishes making no returns concerning their poor) 946,166 paupers chargeable to the Poor-rates, and of this number 34,271 were insane—namely, 22,960 lunatics and 11,311 idiots; in other words 3·62 per cent. of the pauperism was ascribable to insanity, the lunatics being 2·43 per cent., and the idiots 1·19 per cent. 14,936 were males, 19,335 females. 18,318 were in county or borough lunatic asylums, 1193 in registered hospitals or licensed houses, 8603 in union or parish workhouses, 985 in lodgings or boarded out, and 5172 resided with relatives.

THE ROYAL SOCIETY.—General Sabine, President of the Royal Society, held his first *conversazione* for the present season on Saturday evening last at Burlington-house. The reception-rooms were furnished for the occasion with interesting objects of science and art, among which the most attractive were Professor J. Clerk Maxwell's apparatus for viewing the mixed colours of the spectrum, and his dynamical top; Dr. B. G. Babington's morphometer, an

instrument invented in Austria for the firing of mines by frictional electricity; Mr. Crooke's specimens of the newly-discovered metal thallium in its various forms; a portion of the Mediterranean cable, from a depth of seventy fathoms, between Sardinia and Africa, incrusted with corallines and other specimens of marine zoology, exhibited by Mr. Fleming Jenkin, together with curious ova and moss-like vegetation from a thousand fathoms' depth; Dr. Cobbold's preparations, showing the important advantage which naturalists may find in solutions of magenta, for rendering visible minute anatomical details; Mr. Olley's brilliant chromophotographs; Mr. Frank Buckland's artificial breeding of fish, in full operation; a number of special relics and memorials of Linnæus, exhibited by the Linnæan Society; an elegant model of the shield ship designed by Captain Coles, and models of the double screw gunboats constructed by Messrs. Rennie for the service of the Spanish Government at the Philippines. The assemblage of visitors, which was numerous and animated, did not separate till a late hour.

Health of London during the Week ending March 28th.—A high rate of mortality has prevailed in London during the last three weeks in March. In the second and third weeks the deaths were respectively 1561 and 1624; in the week that ended last Saturday they were 1594. There were 34 deaths from small-pox in the week. The deaths from measles rose to 57. Phthisis was fatal in the week in 171 cases; bronchitis was fatal in 176 cases; and pneumonia in 92 cases.

The births were—boys, 1085; girls; 1073.

Medical Appointments.—W. Aitkin, M.D., Assist.-Surg. Madras Service, has been promoted to Surgeon in succession to Linton, retired.—R. A. Barker, Bengal Service, has been appointed Medical Officer of Cachar.—T. W. Bullock, M.R.C.S.E., has been appointed Surgeon to the Warwickshire Yeomanry Cavalry, vice Hiron, resigned.—R. Chandra Chandra, M.R.C.S.E., Indian Service, Assistant-Surgeon Kamroop Regiment, has been directed to afford medical aid to Detachments of the 21st and 28th Native Infantry, consequent on the departure of Surgeon-Major J. Jowett.—T. E. Charles, M.D., Assistant-Surgeon Indian Service, has been directed to afford medical aid to the 40th Native Infantry as a temporary arrangement.—W. Creagh, Assistant-Surgeon H Battery 14 Brigade Royal Artillery Indian Service, has been directed to afford medical aid to the Division and Brigade Staff of the Station at Benares.—J. J. D'Altera, M.R.C.S.E. Assistant-Surgeon F Battery 14th Brigade Royal Artillery Indian Service, has been directed to take medical charge of the 16th Brigade, in addition to his other duties.—J. G. Davidge, Staff Assistant-Surgeon attached to the 52nd Regiment, has been directed to take medical charge of the 4th Battery 16th Brigade Royal Artillery at Hazareebagh.—J. Dorward, Surgeon-Major Madras Service, Acting Deputy Inspector-General of Hospitals.—N. Ffolliott, L.K.Q.C.P.I., Staff Assistant-Surgeon, has been directed to assume medical charge of D Battery 19th Brigade Royal Artillery at Ferozepore.—E. A. Fitzgerald, Assistant-Surgeon Indian Service, doing duty with the Artillery Division, has been directed to assume medical charge of the 1st Native Infantry, vice Assistant-Surgeon R. Adams, M.D.; and he has passed his examination in Hindustanee.—P. G. Fitzgerald, M.D., Assistant-Surgeon Madras Service, has been promoted to Surgeon in succession to Forbes, retired.—G. Grant, Indian Service, officiating Civil Assistant-Surgeon, has been appointed to medical charge of a Detachment of the 3rd Bengal Cavalry, in addition to his other duties.—W. H. Harris, M.D., 2nd Class Assistant-Surgeon Madras Service, has attained the position of 1st Class Assistant-Surgeon.—T. Williams Hughes, M.R.C.S.E., Assistant-Surgeon, R.N. Nov. 6th 1856, has been appointed to the "Archer."—W. Johnston, M.D., Surgeon-Major Madras Service, doing duty with the 17th Brigade Royal Artillery, has been directed to do duty with the 3rd Royal Horse Brigade at Bangalore, vice Rogers, appointed Acting Garrison Surgeon.—W. H. Leslie, M.B., Assistant-Surgeon 48th Foot, has passed his examination in Hindustanee, at Lucknow.—C. Clark Linton, M.R.C.S.E., Deputy Inspector-General of Hospitals Madras Service, has retired from the service on the pension of 500*l.* per annum.—Owen Jeffries Llewellyn, Surgeon R.N. May 23rd, 1861, has been appointed to the "Archer."—G. Mackay, M.D., Surgeon Madras Service, from the 44th Native Infantry, to do duty with the 17th Brigade Royal Artillery until further orders.

APPOINTMENTS FOR THE WEEK.

Wednesday, April 8.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Hunterian Society, 8 p.m.—Dr. Fowler, "On a Case of Laceration of the Vagina during Labour: a Medico-Legal Question."

Thursday, April 9.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Friday, April 10.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, April 11.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

Monday, April 13.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, April 14.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

On Human Entozoa. By Dr. W. A Smith. London: H. K. Lewis, 15 Gower street, North.

The Urine in Health and Diseases. By Dr. A. H. Hassall. Second Edition. London: John Churchill and Sons, New Burlington street.

The Medical Critic. No. 10. London: J. W. Davies, 54 Princes street, Leicester square.

The Journal of Mental Science. Edited by C. L. Robertson, M.B., Cantab, April, 1863. London: John Churchill and Sons.

NOTICES TO CORRESPONDENTS.

Dr. W. F. is thanked for his papers, and his request shall be complied with.

Chirurgus.—The dose is half-a-grain to a grain, but the effects must be watched.

Mr. J. W. M.—The appointment was noticed in our last number.

Juvenis.—The Report has been received, and will be inserted as soon as possible.

Mr. H. Fayle, Chatham, is thanked for his communication.

A Country Surgeon.—The newspaper has been received.

M.D.—There is no truth whatever in the rumour to which you alludo.

Mr. R. B. Carter.—Communication received and inserted.

Great Saving in the Purchase of NEW MEDICAL GLASS BOTTLES and PHIALS of the best Manufacture, at the NORTH LONDON GLASS BOTTLE WORKS.—I. ISAACS and COMPANY, Proprietors.—London Warehouses, 24 and 25 Francis street, Tottenham-court road, W.C.

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Prize Medal, International, Exhibition, 1862.

F. R. Gustav Ernst, Orthopædic and ANATOMICAL MACHINEST, Manufacturer of Surgical Instruments, Elastic Bandages, &c &c. 19 Calthorpe street, Gray's-inn road, W.C.

SCIENTIFIC MISCELLANEA.

The Water-cure in Puriform Ophthalmia.—We published in the year 1847 (Art. 3444) an interesting paper on the use of the *ocular douche* in Mr. Chassaignac's infant ward. It appears from this memoir, and likewise from a subsequent communication of Professor Velpeau to the Academy of Sciences (Art. 3450), on the same subject, that this treatment was resorted to in 71 cases of puriform ophthalmia, and that in no instance was loss of sight observed, or spots on the surface of the cornea. This result is especially deserving of attention, inasmuch as at the Foundling Hospital, where Mr. Chassaignac carried on his researches, the cases of ophthalmia amounted to 250 or 300 in a total of 600 patients, and that omitting the instances in which death was induced by the disease, blindness followed in 8 or 10 of the children.

Since that period, Mr. Chassaignac and several of his former pupils, Messrs. Léon Rieux, A. Fournier, and Bricheteau, have frequently ascertained the undoubted efficacy of the ocular douche in the puriform ophthalmia of children and adults. Thus the *Bulletin de Thérapeutique* informs us that the method was recently resorted to by Mr. Bricheteau in thirty children, twenty of whom were more than two years old, and were perfectly cured in an average of ten days; the remaining ten were new-born infants, and here again the treatment was perfectly successful, vision being in all cases preserved in its integrity. At the Hospital of La Maternité, Mr. Danyau also follows this course of treatment with results deserving of notice.

"During the first quarter of the year 1862," says Mr. Nivert, an Interne of that Institution, in an appendix to Mr. Bricheteau's memoir, "600 births took place at La Maternité; 139 of the infants became affected with inflammation of the conjunctiva, the ophthalmia being puriform in 20 per cent. of the cases. Cold-water douches were prescribed in every instance, and in the severest only was a collyrium of nitrate of silver (5 gr. to the ounce) applied to the eyes. The intensity of the inflammation was not uniform. 39 were mild cases; in 61 the symptoms were more important, and 35 were of the most aggravated character.

"The following were the results attained:—72 children left the hospital in a perfectly satisfactory condition, after complete restoration of the eyes; 45, when discharged, still preserved a morbid degree of vascularity of the conjunctival surface, but were obviously doing well; 17 infants were removed by their mothers, during the progress of treatment, and before any material improvement had set in; 5 only died; they were, moreover, born prematurely, and were carried off by sclerema, or gastro-intestinal complications."

Whether, in these cases, the douche is merely a more powerful detergent than common injections, or, as Mr. Chassaignac opines, a local modificator of great energy, no doubt can be entertained as to its efficacy. We shall, therefore, briefly state the mode of operation recommended by Mr. Chassaignac.

The only instrument required is to be found in the poorest dwellings, and consists in the tin-funnel used for watering the floor. To the pipe is adapted an India-rubber tube, and the apparatus, being previously filled with water, is suspended to the ceiling or to a nail immediately above the child's head. The stream of water is then directed to the bridge of the nose, and to the open eye, the strength of the douche being gradually increased. In hospital the reservoir is attached to the cross-bar above the bed, and contains four pints of water; the extremity of the tube is supplied with a cock, and the water runs through a waterproof cloth groove into a tub placed on the floor.

The douche should last from eight to twelve minutes, and be repeated as often as may be required by the severity of the symptoms, or the nature and abundance of the morbid secretions. Mr. Chassaignac uses water at the temperature of indoor fountains, or of wells in summer, and has also recourse to astringent collyria, two or three grains of nitrate of silver, or of sulphate of zinc, to the ounce of water, for instance. In order to prevent agglutination of the eye-lids, it is further desirable to lubricate the palpebral margin with some greasy substance, such as glycerine or cucumber cerate.

Efficacy of Dry Air, Exposure to the Sun, and Motion, in the Treatment of White Swellings.—Mr. Decondé, a Belgian Military Surgeon of considerable ability, expresses his opinion that anti-scrofulous treatment can be successful in the treatment of white swellings, but when combined with appropriate diet, exercise, and exposure to the sun. This gentleman conceives white swelling to be the articular manifestation of scrofula, and as this diathesis is chiefly developed under the influence of cold and damp, the first element of the medication must be pure, dry, and warm air; the action of all the organs must, in addition, be methodically stimulated. Now, the measures usually adopted are not calculated to promote this object. If a child or youth suffers from white swelling, he is doomed to immobility, and often confined in dark and insufficiently ventilated apartments. The diseased limb is included in a more or less permanent bandage, muscular atrophy follows, the skin becomes soft and tender, and the chances of preserving even partial movement in the joint are thus thrown away.

When white swelling is the consequence of acute arthritis, Mr. Decondé institutes the following treatment:

The general remedies consist in the exhibition of cod-liver oil and iodide of potassium; generous and stimulating diet is necessary, and exercise in the open air, together with frequent exposure to the sun, are prescribed.

Locally, in disease of the elbow, for instance, the affected joint is frequently exposed, protected with a thin piece of muslin, to the rays of the sun, the arm is kept as dry as possible, and frictions are performed night and morning with cod-liver oil, or with the following ointment:

℞ Potassii iodidi, ʒj.;
Adipis, ℥j.;
Ol. jecoris morrhuæ, ʒiv.

Previously to each embrocation, the skin of the arm should be carefully cleaned with alcohol. If abscesses are present, they must be opened, and their contents removed, so as to prevent the contact of moisture, and the wounds or sinuses should be dressed with cod-liver oil or basilicon ointment. Movements compatible with the condition of the joint should be imparted to the limb, irrespectively of the theoretical views prevalent on the subject. At night the limb may be rendered immovable by the application of a paste-board shell.

Mr. Decondé generally prefers beginning the treatment in spring, and if the summer proves fine, great progress has been made towards a cure when winter returns. Some few abscesses may then reappear, but in the course of the second summer a complete recovery may be confidently anticipated.

Neuralgia and Dysmenorrhœa cured by the use of Valerian-Baths.—We find in the same periodical the particulars of a case related by Mr. Barella, of Marche-les-Ecoussines, which illustrates the efficacy of the Valerian-baths recommended by Mr. Beau, for the treatment of various nervous affections of women, such as hysteria, uterine pain, nervous vomiting, nervosism, neuralgia, etc. The patient was an unmarried woman, aged 45, who for three years had suffered at each catamenial period, intolerable pain, followed by flooding, and who complained in the intervals of the menses of neuralgia in the right or left hypochondriac region, extending to the stomach or left iliac fossa, and marked by shooting pains which compelled absolute immobility of the body.

After vainly resorting to numerous methods of treatment, Mr. Barella prescribed valerian-baths, prepared as we have stated on a former occasion (Art. 6277), by the addition to the water of a common bath of an infusion of 16 oz. of dried chips of Valerian-roots, in six pints of boiling water.

Eight of these baths were taken between two catamenial periods; under the salutary influence of this treatment, the menses returned without pain, and the flow was moderate. The neuralgia also disappeared, with the exception of a slight stitch in the side. The same system has been persevered in with the best effects. The author expresses a doubt whether the cure is to be referred to the agency of the valerian or the tepid baths; but this method of treatment gave a degree of relief which in spite of all the medicines exhibited previously for several months, had never before been experienced.

Tonic Effects of Preparations of Cinchona.—The therapeutic effects of Peruvian bark are twofold; anti periodic and tonic. Setting aside the former, we will, on the present occasion, advert to its analeptic virtues only, and reproduce the following remarks published by Dr. Corlieu in the *Gazette des Hôpitaux*, on the comparative value of the various forms under which the drug is daily exhibited.

"Cinchona bark," says Mr. Corlieu, "was at first prescribed in the shape of *a powder*, but this mode of administration is open to the objection that the powder contains many useless elements; in *decoction* or *maceration*, water dissolves but a portion of the active principle. *Syrups* and *highly saccharine wines* have the same disadvantage.

"*Alcoholic preparations* enjoy the very great privilege of representing exactly the bark, *minus* the ligneous fibres, but do not, however, dissolve the active ingredient in its integrity. Acids decompose the various compounds of quina and cinchona, and form with the alkaloids very soluble salts. Now wine contains, in addition to alcohol, the tartaric and malic acids, and is a perfectly appropriate excipient of all the medicinal principles contained in Peruvian bark. The strongest wine will be, therefore, the best for the purpose.

"White wines," says Mr. Briquet, "are the most powerful solvents of the alkaloids contained in Peruvian bark. Mr. Garot has experimentally demonstrated that these wines deprive cinchona of two-thirds of its active principle. Although they contain a certain amount of tannin, it does not, from some peculiarity of its condition, combine with the alkaloids, and form insoluble compounds. The salts of quinine remain perfectly dissolved, and impart to the wine their febrifuge virtues; *the vin de Séguin* is an instance in point. (*a*)

"The object of the practitioner in prescribing the infusion of bark in syrups or in sweet wines is to mitigate the bitterness of the drugs, but this is effected only at the expense of its efficacy."

Mr. M. Sims Procedure for the Cure of Vesico-Vaginal Fistula.—Inclusion of the Os Uteri within the Bladder.—An operation for the cure of vesico-vaginal fistula was performed on the 28th of February, 1863, by Mr. M. Sims, in the presence of Professor Rayer, Mr. A. Guérin, Sir J. Olliffe, and the translator of the present periodical. The patient, a woman aged twenty-eight, had suffered from incontinence of urine for three years, since her last confinement. The fistula was ofconsiderable magnitude, but an accidental partition which obstructed the vagina required to be divided before the operator could judge of the extent of the injury. When this preliminary step was effected, the entire wall of the vagina up to its insertion upon the cervix, was found to have been destroyed, and in order to reconstruct the bladder it was necessary to include the os uteri within its cavity, and seven sutures were required. The operation was performed with Mr. Marion Sims habitual and well-known dexterity, and perfect cicatrisation has been obtained. We again saw the patient on the 9th of March, and a complete cure has taken place. At this date, menstruation had returned, and the catamenial discharge flowed through the bladder. Mr. Sims informs us that in fourteen other cases he has been obliged to resort to a similar procedure, and that the menstrual exudation not being liable to coagulate within the bladder, no bad results were in any instance, observed. This is the ninth operation performed by Mr. Sims, in the City of Paris; all have been successful.

PRESCRIPTIONS AND FORMULAS.

Uterine Hæmorrhage, and Partial Retention of the Placenta, Efficacy of Alum.—Dr. D. Betz, of Heilbronn, who six years ago, already brought forward his views on this subject, again invites the attention of the Profession to a procedure at once efficacious and innocuous, which the *Courrier Médical* describes as follows:

For the purpose mentioned in the heading of the present article, Mr. Betz uses rounded pieces of alum of the size of a bean, which he inserts into the vagina and even into the os uteri. The effects of the remedy are in general promptly observable, and especially in cases of partial retention of the placenta; and if the obstructing coagula are previously removed, the introduction of fragments of alum once or twice a day, causes in the course of two or three days, the expulsion of the remains of the after-birth, whether the case be one of premature or of natural labour. The alum induces no pain beyond a sense of constriction of the external organs, and leaves no scars whatever.

Disinfecting Power of the Permanganate of Potash.—Mr. Demarquay has of late resorted with much success to the solution of permanganate of potash, for the purpose of disinfection in cases of ulcerated cancer, or fetid discharges from wounds. Our English readers are acquainted with the properties and mode of preparation of this substance which Mr. Démarquay has imported from the London hospitals, and it is, therefore, unnecessary to dilate on the subject, beyond the statement of the good results attained by its use in cancer of the womb, and in ulcers of an unhealthy nature.

Arsenical Compounds in Gastralgia.—Mr. Millet, of Tours, states in the *Revue de Thérapeutique*, that the efficacy of tris-nitrate of bismuth in certain forms of gastralgia is mainly referrable to the presence of arsenic in the powder. If the bismuth is pure, it is worthless; and as it has of late considerably risen in price, Mr. Millet substitutes arseniate of soda for the tris-nitrate, as follows:

For poor patients he prescribes

℞ Sodæ arseniatis, gr. j.;
Aq. destill, ℥ijss.
Alcohol, ℈j.

Dose: one teaspoonful morning and evening, before meals.

To persons in easy circumstances, he recommends:

℞ Sodæ arseniatis, gr. j.;
Syrupi cinchonæ, ℥ix.

Dose: one tablespoonful morning and evening, before breakfast and dinner.

One or other of these preparations generally induces marked improvement in the course of forty-eight hours, and the amendment is occasionally so great, that the patient is tempted to discontinue the use of the remedy, which should, however, be persevered in for about ten days. Should the symptoms after this period not have entirely subsided, the same remedy should again be prescribed for a second time. Mr. Millet does not venture to assert that an entire cure will always thus be effected, but he confidently predicts good results.

A New Formula for Tartar Emetic Plaster.—The excessive cutaneous irritation induced by the contact of the potassio-tartrate of antimony, and the severity of the eruption, its obstinate character, and the indelible scars which it leaves on the skin, have suggested to Mr. Mialhe the idea of preparing a plaster which, while preserving the revulsive power of the common tartar emetic plaster, is not open to the same objections. The following is the formula he has adopted:

℞ Picis Burgundicæ, ℥iv.;
Resinæ, ℥ij.;
Ceræ flavæ, ℥ij.;
Terebinth, ℥ss.;
Ol. oliv., ℥ss.;
Antimon. potassio-tartratis, ℥j.

Mix, and spread over linen.

Horsehair Sutures. — Horsehair has long been empirically used for sutures, and is adopted by eminent surgeons, amongst whom we may mention Messrs. Paget, Simon, &c. Mr. T. Smith, Lecturer on Anatomy at St. Bartholomew's Hospital in London, states in the *Lancet*, that this appliance is equal, if not preferable, to the metallic wire, which has recently acquired extensive popularity. Horsehair does not occasion more irritation than wire, nor does it become

(*a*) Briquet, on Cinchona.

impregnated with the secretions of wounds, and is moreover applied, tightened, and removed with perfect facility. In the author's opinion, horsehair sutures would be especially applicable to wounds occupying simultaneously cutaneous and mucous tissue, such as those consequent on circumcision, or operations on the eyelids, the edges of which may be approximated without much tension of the adjacent parts.

Obesity; Preparation of Fucus Vesicu losus.—In reply to the frequent inquiries forwarded to us on the subject of the preparation of the *fucus*, proposed by Mr. Duchesne-Duparc for the treatment of premature or morbid obesity, we reproduce the following passage from the *Annuaire Pharmaceutique*, recently published by Mr. O. Réveil.

Mr. Duchesne-Duparc chiefly prescribes the powder of *fucus vesiculosus*. An extract may likewise be prepared, which Mr. Dannecy compounds as follows:

The fucus should be dried in the sun, pulverised, and infused in alcohol at 86°; it should be twice washed in spirits at 54°, and the residue mixed, filtered, distilled, and evaporated to a proper consistency.

Pills of Fucus Vesiculosus.
℞ Extracti fuci vesicul., ℥j.;
Pulv. fuci, ʒj.

M. Divide in pilulas cxx. Dose: progressively, from three to twenty-four daily.

LEARNED SOCIETIES.

Academy of Sciences.—At the meeting of January 19th, Mr. Civiale laid before the Academy the statistical results of the treatment of calculus in his practice during the year 1862.

Sixty-nine patients (sixty-six men, two women, and one child) applied to Mr. Civiale for advice in the course of the past year. Twenty-four of these cases were observed in hospital, and forty-five in the Professor's private practice.

In sixty-one subjects, the stone had formed for the first time, and eight had already undergone various treatments for the cure of the disease.

An operation was resorted to in fifty-eight cases—viz., lithotrity was performed in forty-five individuals, with only partial success in eight; and lithotomy was instituted in ten cases, the result being a cure in three, relief in two, and death in the remaining five.

In three instances, lithotomy was combined with lithotrity; a complete cure was effected twice, and the third patient suffers from incontinence of urine.

In some cases, said Mr. Civiale, lithotrity must be viewed in the light of an expedient, rather than as a method distinctly required by the symptoms, and even when the operator succeeds in destroying the calculus, functional disturbance, discomfort, and genuine pain not unfrequently follow, which constitute what the Professor terms the incomplete cure, and should not be mistaken with the evil consequences arising from the presence of fragments of stone in the bladder, nor with the possible sequelæ of certain operations, and especially of lithotomy.

This should occasion no surprise, as a complete cure of the disease by surgical procedures can be expected only in uncomplicated cases, in which the calculus forms the entire disease, and is the sole cause of the symptoms observed.

In severe cases, the stone is but a part, and not the most important, of the morbid condition of the subject. Now the operation merely removes the concretion, and the phenomena arising from other sources necessarily remain unchanged.

It has been asserted that persons affected with calculus, may be unaware of the cause of their symptoms; the remark is correct, but is seldom applicable. We may add that although the patient may entertain a mistaken view of his own case, the surgeon can easily avoid the error, and that he is bound, for the sake of his own reputation, to have recourse to all the resources of modern diagnosis.

So long as lithotomy was the only surgical procedure to be attempted for the relief of subjects suffering from the presence of stone in the bladder, the most eminent practitioners recommended the operation to adults, and more especially to the aged, only when life was imperilled, or the pains beyond endurance; under these circumstances alone, did they consider themselves justified in permitting the patients to incur the hazards of cystotomy.

A different rule obtains in the practice of lithotrity; it is even an imperative precept to resort to this new method in the incipient stage of the disease, before organic change has been induced, while the case is still uncomplicated, and the operation always of easy performance.

With regard to the probabilities of relapse, the patients may be divided into two series.

1. In the first, the stones consist of lithic acid or its compounds, of oxalate of lime, or of cystine.

If the concretion has formed by slow degrees, and without occasioning much pain, if prompt and complete relief has followed the operation, the surgeon may assert that the cure will be permanent.

But when the urinary deposits are copious, whether consisting of amorphous matter, crystals, or sand, it is scarcely to be expected that the mere removal of the concretion, whatever may have been the operation resorted to, will succeed in immediately modifying the state of the urine, and that an organ which for years has fabricated excessive quantities of lithic deposits, will, in consequence of the operation, be restored to a more healthy mode of secretion. It is therefore not uncommon to meet with individuals who, even at short intervals, have been compelled to undergo several operations, and their number would doubtless be larger, but that many are victims to the disease.

2. In the second series, the stones consist of earthy phosphates, which rapidly form again, especially in unhealthy conditions of the urinary organs.

After the performance of lithotomy or lithotrity, if vesical catarrh persists, abundant earthy deposits are apparent in the urine; but this amorphous matter more frequently collects in the bladder, giving rise to porous, greyish and brittle concretions which are readily crushed, but rapidly form again. These cases are of very common occurrence, and are not only interesting to the surgeon in a practical aspect, but also highly suggestive as to the mode of production of vesical calculus.

The following is a summary of Mr. Civiales' practice during the last three years. (Vide Art. 5984 and 6198.)

The Professor has supplied the returns of 189 cases, of which 7 only were observed in the female sex.

133 patients underwent lithotrity.

115 have been cured.

4 died.

14 are still suffering from various functional disturbances unconnected with the operation.

In 27 cases lithotomy was performed with partial relief in 3, fatal effects in 12, and satisfactory results in 12 instances.

In three subjects, an operation was performed, in which both methods were combined; two of the patients have been cured, the third suffers from incontinence of urine.

26 individuals were deemed unfit cases for surgical interposition.

Soiree of the Microscopical Society.—The Microscopical Society gave a *soiree* on Wednesday last with spacious halls of King's College, at which a large number of the scientific world assembled, among whom were many ladies, who appear to take an increasing interest in the progress of microscopic revelations. The tables of the rgoms were crowded with microscopes, exhibited by all the principal makers, while the walls were adorned with enlarged representations of objects in histology and natural history. The specimens exhibited were of the most varied and interesting character, one of the moft striking being the cyclosis of the Valisneria, shown undpr one of Powell's microscopes with a $\frac{1}{25}$ object glass. Mr. Buckland also exhibited the development of the salmon from the ova, a subject which is at present occugying the attention of all persons engaged pisciculture nnd which is of great importance in an economiccal point of view in connexion with the salmon as an article of food.

The Medical Circular.

LECTURES
ON DISEASES OF THE SKIN.

By George Ross, M.D.

No. IV.

(Continued from page 144.)

Prurigo; its Connexion with Alcoholism and Disorder of the Digestive Organs; Prurigo Senilis; Prurigo Podicis; Prurigo Pudendi, —its Relation to Puerperal Disorders

Prurigo is frequently symptomatic of some affection of an internal organ—of the stomach or uterus. Although it is characterised, when in a well-pronounced form, by small white papular elevations of the cutis, yet it may be very severe without any manifestation of the peculiar eruption. Perhaps the latter form of prurigo would be more appropriately called hyperæsthesia, for it is the excited sensibility of the skin alone which evidences the disease. Women often suffer from intense itching of the cutis, or particular parts of it, although no eruption can be perceived. In some of the most acute cases of prurigo pudendi, for example, no papulæ exist.

There are few diseases more intractable than prurigo in aged people. It often exists for many years, coming on in paroxysms after any excess or irregularity, and endures to the end of life. The unfortunate sufferer is made utterly miserable by the burning and itching to which it gives rise, and he obtains no rest, either by day or night, from the intense irritation. Many diseases are more unsightly; none more worrying and distressing. It is, by no means, an uncommon affection, for changes of weather, high temperature, errors of diet, dyspepsia, worms, uterine disturbance, and almost any kind of organic disorder will excite it. It will sometimes disappear as rapidly as it came; at other times, it resists all remedies. The simple hyperæsthetic form is often the most troublesome.

A gentleman recently consulted me for this disease in its most severe character. He was sixty-seven years of age, of fair complexion, and had been scrofulous in his youth. The whole of his body was covered with bloody spots and scars, the result of perpetual scratching. His arms, chest, abdomen, back, thighs, even the scalp, were affected by the disease. There were lines of blood more than an inch long caused by ploughing up the skin with the nails. On carefully examining the cutis, no papules could be detected, but it was dry, harsh, and scurfy. Whilst examining him, the patient deliberately tore the skin with his nails to prove to me the severity of the itching; but there were no elevations of the cutis where this tormenting irritation was felt. On inquiring into his habits, I found that this gentleman was, what is euphemistically called, a free liver—that is to say, he took daily an amount of spirit—always mixed with water, however, —which he was quite unable to determine. The problem beat his calculating powers, yet he would not get intoxicated. He took as much as he could conveniently carry—managed his business during the day, and went to bed to scratch himself all night. He had suffered from this affection for many years; it was sometimes better and sometimes worse, but never had been so worrying as it was at the time he consulted me. For several nights he had not slept at all, and he was worn out from want of rest and nervous irritation.

Whilst examining the eruption on his chest, I observed that the thorax was narrow, and compressed; in fact, deformed in consequence of early disease.

This case is interesting on several accounts. It illustrates the necessity of examining the chest, as I have on many occasions urged, in all cases of obstinate cutaneous disease. Whether in children or old people, a persisting disease of the skin will frequently be found associated with an imperfect development of the thoracic organs. These associated facts concur more frequently than any one would believe, who had not given especial attention to the subject. Cutaneous disease is often explained by the condition of the chest. It is an evidence of badness of constitution, of a poor, imperfectly oxygenated blood, and therefore ill-nourished system.

Again, we have here an instance of the aggravation of disease by excess in diet. A large quantity of alcohol taken daily into the blood, naturally poor in nutritive elements, intensified a disease which might have been severe enough without such an incitement. The alcohol quickened the pulse, increased the development of caloric, and directly irritated the skin. It was adding fuel to the flame.

Then we must not overlook the age of the patient. Old people are peculiarly prone to this disease, and as it is the accompaniment of advancing years, so it is generally incurable. Mitigate it we may, and when associated with abuse of the digestive organs, may give very effectual relief, by insisting upon more carefulness in diet and regimen; but we cannot expect permanent cures.

In the present case the gentleman was required, as a point of honour, to take only one glass when heretofore he would have taken two (for it would have been idle to have expected entire abandonment of a long-formed habit), and to consume a larger quantity of animal food. A mild saline aperient was prescribed for each morning; and five minims of liq. arsenicalis twice a day. He was ordered a tepid bath every evening, and as a local application, an alkaline wash with glycerine and dilute hydrocyanic acid.

Persistence for a few days in this system effected great improvement; he was able to sleep at night, and even to eat a very fair breakfast, a luxury which he had not been in the habit of enjoying; the itching was much reduced, and the red spots were disappearing. Several boils, however, arose in consequence of the irritation, and gave trouble for some time after the prurigo had been relieved.

The eruption in this case was mitigated as the general health improved. This is, in fact, the lesson taught us by most of these affections. I have gone into this case with some detail because it is a typical one of the severe form of prurigo. It manifests all the characteristic conditions of the malady; and these show the utter hopelessness of contending with such a disease without giving due attention to the constitutional causes that engender and intensify it.

Prurigo is a frequent consequence of alcoholic poisoning, and is induced primarily by the influence of the alcohol on the blood and nervous system, and, secondly, by irritation of the mucous membrane. Of course it is peculiarly obstinate in these cases; and the patient must be made to understand that more depends upon himself than upon his physician for a cure.

Prurigo Podicis. It is difficult occasionally to detect the cause of some of these cases of prurigo. A gentleman about twenty-one years of age, engaged in a sedentary employment, complained of annoying pruritus ani. His bowels were regular and were never constipated. On examination there were no papules, no observable redness: on the side of the anus there was a rather full fold of skin; but there were no signs of hæmorrhoids, either internal or external. He had been in the habit of indulging, at his meals, in honey, conserves and jellies instead of butter, and his digestion, consequently, was capricious. He informed me that he had been liable to an eruption on the edge of the eyelids; and on minuter inquiry I ascertained that he had taken a considerable quantity of medicine for the relief of nocturnal emissions which had, for a long time past, given him much annoyance. I had no difficulty in associating the pruritus, which was generally increased at night, with the excitement of the generative organs; and the tarsal irritation was as obviously related to the same disorder,—both maladies, it may be remarked, affecting apertures that are highly sensitive and provided with glandular apparatus. There was not any appearance of eruption nor any increased sensibility elsewhere.

Suspecting that this gentleman might be troubled with worms, I ordered a turpentine enema without, however, any confirmation of my expectation. Two days subsequently, I prescribed doses of the male fern—still no worms. The result, nevertheless, was that the pruritus disappeared. I am inclined to give the credit of this relief to the male fern rather than to the turpentine, as the pruritus did not appear to be abated after the administration of the enema. I do not presume that in this case any local applications would have given permanent relief. The cause of the mischief was in the alimentary canal, and may be attributed especially to an imprudent indulgence in "sweets," than which nothing will more readily or certainly induce scorbutic and eruptive disorders.

Prurigo Pudendi.—Cases of prurigo are so frequent that one might relate them in a lengthened series. I shall, however, content myself with citing cases that bear upon points of practical interest. Prurigo pudendi is, perhaps, the most distressing, and, in some instances, the most deplorable of all the forms of prurigo. It is needless to depict the intolerable misery which this disorder causes to some sufferers. To endure it is a daily martyrdom. The Catherines and Messalinas of history owe their infamy in all probability to this horrible disease. Most of the cases of this complaint that I have seen have occurred to married women, young or in the prime of life, and of a delicate sensitive organisation. It has sometimes followed a first accouchement, and has obviously been caused by the inflammation of the internal parts and attendant leucorrhœa. It is rare that any specific eruption can be detected by the finger, or, at the most, one or two papules only, and the disease must be regarded as in its nature, a condition of hyperæsthesia.

Mrs. T., a lady who had married late in life, consulted me for this disease, which had supervened upon her first delivery. Her labour was difficult, and was accompanied by considerable bruising and laceration of the perineum. The parts were a long time healing, and leucorrhœa followed. With this she endured the most tormenting prurigo. She was in delicate health, and distressed in mind. Quinine and iron were administered internally, with alum injections, and lotions containing the dilute hydrocyanic acid. It

is sufficient to say that after some time the prurigo abated, but only to give place to a succession of boils on the labia, which were nearly as annoying as the original affection. After these boils appeared, I sent her out of town for change of air; but I heard that they continued for many months. It is worthy of remark that after this lady's second accouchement the same symptoms set in, but in a diminished degree.

Mrs. G.—This was a similar case to the foregoing, and followed a first accouchement in which the lady had sustained a great loss of blood. The prurigo was intense, and the patient was tempted "to tear herself in pieces." It continued for many weeks, but at length, after a succession of remissions and aggravations, it got well—happily without leaving boils.

I could describe many more cases of this nature; but it would not be a desirable employment of time. Debility is the constitutional evil in these cases, and tonics are a *sine quâ non*. In fine, the more eruptive diseases are studied in relation to their causes, the more confident shall we feel that our most successful method of treatment will be that which is founded in the established axioms of Medical science.

(To be continued.)

REVIEW OF THE PERIODICALS.

The 'British Medical Journal.' Mr. Thomas Bryant contributes his Lettsomian Lecture on the "Surgical Diseases of Children," the present subject being Hare-lip. This deformity is explained by reference to the development of the skull and face in fœtal life, and the presence, in the early condition of the human being, of the inter-maxillary bone. From his own observation, Mr. Bryant draws the conclusions, that hare-lip is always found in the upper lip, and is most frequent on the left side of the body, in the proportion of 63 per cent. to 36; that it is more common in the male than in the female sex, in the proportion of 70 per cent. to 30; and that as the cases become more complicated, the greater frequency of their occurrence in the male sex becomes more apparent. The best period for the operation is after the age of six weeks, and before the child is more than three months old; for it is unadvisable to operate before the age of six weeks, unless the existence of the child should be endangered by delay. Dr. T. K. Chambers resumes his controversy with Dr. Beale, on the question of "Counter-irritation *versus* Renewal of Life," in a short paper containing no very striking points. Mr. Haynes Walton offers some practical remarks upon the "Diseases of the Lacrymal Duct, attended by Stricture, and their Treatment," and he describes, as a great modern improvement, the plan of introducing the style through the canalicular entrance into the lacrymal sac instead of the old plan, through the skin on the face. In an editorial article on "Infectious Diseases and Public Conveyances," it is stated that Mr. Brady has asked advice of the College of Physicians in reference to his proposed measure, and that the College has delegated the consideration of the matter to the Council; it is admitted that the question is practically a difficult one, but as the persons conveyed by the cabs are almost all poor persons, it is suggested that they ought to be carried in the parish vehicles, and that the workhouse or hospital authorities ought to superintend the working of the Bill, if one should ever pass. In another article, the subject of "Hanging Criminal Lunatics" is again ably and humanely handled. The new Pharmacopœia was announced by us the week before last as almost completed, and delayed in its publication only by the necessity of sending the proof sheets to Scotland and Ireland, and this information is repeated by our contemporary.

The 'American Medical Times.' Dr. Frank H. Hamilton contributes a lecture on "Our Surgeons upon the Field," containing a very eulogistic notice of the Medical Department of the American Army. It is stated that all the surgeons (Federal) are regularly educated in Medicine and Surgery, and are nearly all subjected to examination by regularly-constituted State Medical Boards. The physical and moral condition of the American regiments is stated to be as much dependent upon the hygienic measures adopted by the Medical men, as upon the discipline and tact of the combatant officers. The devotion of the surgeons to their duty, and their bravery, and self-sacrifice in the field, are warmly praised, and in reply to the charge of unskilful treatment sometimes brought against them, it is urged that operations performed during the heat of battle are necessarily hurried, and ought not to be made the subjects of unfriendly criticism. The next three papers are also on military matters, one being on "Diseases in Camp," by Mr. W. C. Otterson, and the other two are Surgical cases. The leading article is on the "Medical Provision for the Army," and it is stated by the Editor that the most energetic steps are being taken to commence the campaign of 1863 with a thorough state of efficiency in the Medical Department, the character and education of the surgeons being strictly investigated, and all the modern appliances for the care of the sick and wounded being amply provided by the State.

The 'Medical Critic and Psychological Journal,' edited by Forbes Winslow, M.D., D.C.L., Oxford. This journal maintains its high character, and the present number contains a great variety of excellent papers. The first article is the concluding part of an "Essay on the Nature of Volition," by Mr. J. Lockart Clarke. The next is on "Mental and Physical Life in relation to Time," a difficult and abstruse subject, handled with great learning and ability. Mr. J. Alexander Davies contributes a paper on the "Influence of Material Objects upon the Mind," in which the impressions made upon the organs of sense are carefully examined with reference to their effects upon the thinking principle. Dr. Hugh Grainger Stewart, of the Crichton Royal Institution, relates the particulars of a "Rare Case of Mania," in which the patient, who had indulged to excess, at one time of his life, in alcoholic drinks, became subject to violent fits of maniacal terror and actual insanity; but he was always relieved by copious purgation, and eventually recovered. An article on the "Cotton Famine" is a short and rather weak one; but the next, "On Phrenology and Character," by Mr. Edwin Goadby, is a very masterly analysis of the phrenological doctrines, the insufficiency of which is proved both upon anatomical and metaphysical grounds. It is shown (as, indeed, is known to all anatomists) that the varieties of form on the surface of the brain do not by any means exactly correspond with the prominences or depressions of the skull; that the phrenological definitions are in themselves anything but accurate or satisfactory; that the old divisions of the mental faculties and emotions are still recognised, both in theory and practice, by the majority of mankind; and that, generally, when reduced to the test of experience, phrenology is lamentably at fault. The examination of the heads of murderers *after their execution*, and the vaunted correspondence between the cranial developments and the faculties and propensities, prove really very little, because the explanation is made when all the antecedents of the culprit are known. The same cranial prominences or depressions also, if they were found in any ordinary person, might, with the elasticity so characteristic of phrenological language, be made applicable to good as well as bad qualities of the mind. An article on "American Asylums for the Insane" is founded upon various Reports published in America, and it gives the statistics of several establishments for the treatment of Insanity in the New World. A paper on "Hypochondriasis," translated from the German, gives some good rules for the treatment of this troublesome and obscure affection. Dr. W. Carmichael McIntosh concludes his essay on the "Diagnosis and Treatment of Morbid Impulse," and gives several instances of homicidal mania occurring suddenly, and without any known motive; and he urges the necessity of watching for the first symptoms of mental disease in patients who are liable to this

(Continued at page 203.)

THE MEDICAL CIRCULAR.

WEDNESDAY, APRIL 15, 1863.

ANOTHER UNFOUNDED ACTION AGAINST A MEDICAL MAN.

The case of Bromwich *v.* Waters, of which we publish an abridged report in another part of our Journal, is one of the most extraordinary ever brought before a Court of Justice. If the action had been brought against a non-Medical person, it would have been scouted out of Court, nay, rather, we doubt whether the counsel for the prosecution would ever have allowed it to come into it; but the apparently formidable and mysterious weapons with which Medical men are armed, such as the speculum, poisons, and choloroform, give to all their actions, in the eyes of the vulgar, a kind of supernatural importance, enabling them to obtain ready, though unconscious dupes to any scheme they may devise. Thus, in the popular theory, a Medical man has little difficulty in gratifying his propensities towards any woman to whom he may take a fancy, and whether he meets her in the street, in an omnibus, or in his own house, he has only to take out a handkerchief and a phial of chloroform, or give her a glass of some medicated drug, or introduce a surgical instrument into her person, and his purpose is at once accomplished without any necessary consent, and indeed without the knowledge of his unsuspecting victim. That such a proposition is utterly absurd, it is needless to assert, when we are addressing Medical readers; but that such an opinion is entertained by the common people, and even by some educated persons, there can be no doubt, or such actions as those to which we now allude could never be brought.

In the case now before us, an elderly maiden lady brings an action for seduction, the technical legal plea being that she requires pecuniary compensation for the loss of the services of her female servant, who, it is alleged, has been debauched by the defendant, Dr. Waters, a most respectable Medical gentleman, residing and practising at Chester, somewhat passed the meridian of life, having a wife and family, and against whose character not a word of calumny has ever previously been uttered. We are required to believe that this gentleman, in whom it may be presumed, in the words of Shakespere, that "the heyday of the blood is tame, 'tis humble, and waits upon the judgment," has become suddenly enamoured of a servant girl, of anything but prepossessing appearance, as we gather from the summing-up of the judge, and, regardless of his character, his position in society, and his professional reputation, has, in fact, committed a rape upon her under the pretence of ministering to her bodily ailments. But when we endeavour to ascertain the facts on which such a monstrous accusation is based, we find them to be of the most flimsy and frivolous character, and that in reality there are no facts at all. The woman herself has no recollection of any intercourse having taken place, but inasmuch as she has had a child, she concludes that Dr. Waters is the father because he attended her for a complaint of the womb. Her statement that she was drugged by Dr. Waters, besides its inherent improbability, and even impossibility, is entirely contradicted by several credible witnesses, while from the witnesses for the defence there was evidence to show an amount of levity on her part with persons of the opposite sex, which would much more readily account for the results that ensued, than the absurd hypothesis of the speculum and the drugged wine.

We feel some degree of pity for the lady who was the plaintiff in this case, as we believe that she was imposed upon, and that in taking the steps she did, she believed that she was pursuing a righteous and benevolent course. But we have not the same compassion for those who advised her to persevere in the cause and to bring it into a Court of Justice. It is true that she has already incurred enormous expenses in carrying on the proceedings, and will, of course, necessarily be responsible for very many more; we have heard that the whole costs will amount probably to 3,000*l.*, and to what end has all this outlay been directed? The results have merely been to agitate a provincial city for several months with the petty gossiping details of slander, to torture the mind of a most amiable and respectable member of our Profession, by an unfounded imputation; and, finally, to saddle upon the plaintiff herself an enormous burden of pecuniary liability. We say that we have no compassion for those who advised her to persevere in such a reckless course, and those who did so have a heavy account of moral responsibility to settle both with her and with the defendant.

As to the lawyers we need say nothing of them, as it is well known, that there are members of that Profession, and eminent members too, who will undertake any cause whatever, however bad it may be, so long as they are paid for it; and indeed the etiquette of their calling is said to oblige them to do so. But such is not the principle that is considered to regulate the duties of our own honoured Profession, which should advocate nothing but the principles of science, truth, and justice. We are, therefore, grieved beyond measure, when we find Medical witnesses arrayed against one another before the judicial tribunals, and affording amusement to the thoughtless part of the public by their differences of opinion; and we are still more indignant when we find Medical witnesses coming forward to help to crush a Professional brother. We learn, indeed, that in Dr. Waters's case, the three Medical witnesses called on the part of the plaintiff, came forward somewhat reluctantly, and that they advised that the action should not be brought; still we cannot clearly and definitely understand why they came to the trial at all. They knew nothing about the case itself, and saw the plaintiff's servant, as we understand, only in the January of the present year; there was, therefore, no necessity for their attendance, so far as the facts of the matter were concerned. If they were called to support a theory that the speculum was employed by Dr. Waters for the purpose of debauching the mind of the girl, as a preparation for debauching her body, and not for any scientific or therapeutical purpose, then we think they had better have remained in London, because while there was not a shadow of *evidence* to support such a view, yet the mere *opinion* of men, eminent in their Profession, might, of course, weigh with an ignorant and perhaps prejudiced jury, and might by some technical or legal jugglery have led to a verdict against Dr. Waters, or, as in the case of Mr. Adams, to an unsatisfactory verdict. If Dr. Lee, Dr. Ramsbotham, and Dr. Alfred Taylor, had not appeared at all at the Chester trial, very much expense would have been avoided, and the issue of the case could not have been for a moment doubtful. The question of the use or abuse of the speculum is one thing, but to found upon its use a charge of seduction against an honourable member of our Profession is somethin entirely different.

FEES TO MEDICAL WITNESSES IN IRELAND.

We publish in our Journal of this day an abstract of two trials which lately took place in Drogheda, between two members of our Profession on the one hand, and certain parties on the other, who refused to pay for Medical evidence given on their behalf in the Dublin courts. We regret that our limits prevent us from giving a full report of these trials, which are of great importance to all Medical practitioners in the British empire. In the first case of Ellis *v.* Miles, the plaintiff is a Medical gentleman practising in Drogheda, who was summoned to attend on a civil trial in Dublin, a distance of thirty miles, and was detained six days in the latter city. It happened that the case was not heard, but was compromised out of court by the payment of a certain sum by the defendant to the plaintiff, yet nevertheless the Medical witness was entitled to remuneration. When Dr. Ellis applied for his fees, 5*l.* was offered to him as an adequate compensation, but this sum he very properly refused to accept, and demanded twenty guineas, and eventually brought an action to recover the latter amount. The claim was resisted with all the usual ingenuity and eloquence of the members of the legal profession, the chief ground of resisting the demand being the question, whether a specific contract had been made to pay the Medical expenses, a point in which there was some little doubt, but to the credit of an Irish jury, a verdict was returned for Dr. Ellis, not indeed to the full amount, but for 13*l.* 3s., thus establishing the justice of the claim, and admitting that a contract had in fact been entered into. We understand that an appeal was immediately lodged by the plaintiff's counsel against the verdict, and that Dr. Ellis will move the upper Court to grant him his full expenses, but still, as the matter stands, an important step has been gained by the Medical Profession in Ireland, and it has been shown that an attorney cannot summon a physician away from his business and afterwards refuse to compensate him for his loss of time. The other action to which we allude originated from the same civil trial in Dublin, the plaintiff being Dr. W. C. Horgan, who sought to recover for his loss of time and expenses in attending as a witness. The latter action was postponed on merely technical grounds, and we shall probably hear of it again at the next assizes.

SUMMARY OF THE WEEK.

INJURIES AT THE LATE REJOICINGS.

We regret to learn that the number of persons who were injured on the occasion of the late procession and illuminations, is much greater than was at first believed. The number of deaths is of course known by the inquests held upon the bodies, but the total amount of casualties received and treated at the different Metropolitan hospitals, presents a most formidable list. At St. Bartholomew's, we learn that there were about sixty injuries, some of them of a very serious character, and five deaths. At St. George's, there were twenty-six cases, including fractures, three of which were fatal. At Charing cross, there were eight cases of accident or injury. At St. Mary's Hospital there were two fractures, and at Guy's there were many minor injuries, but also some severe fractures, and one death.

THE CASE OF MR. WILLIAM ADAMS.

Although Mr. Adams obtained the verdict in the late shameful action brought against him, it will surprise none of our readers to learn that he will be a very severe sufferer in a pecuniary point of view, as the plaintiff is destitute of any means of paying Mr. Adams's costs. The question is, who has paid her own, or did her solicitor undertake the case on speculation? Under the circumstances of the case, it is suggested by many of Mr. Adams's friends, that a subscription should be opened for the purpose of assisting him to pay the expenses which he has incurred in defending himself. A committee is in process of formation for the promotion of this object, in which we are sure that the whole Profession will take a very deep interest.

EXECUTION OF HOMICIDAL MONOMANIACS.

The wretched youth, Burton, suffered the last penalty of the law on Saturday last. Nothing since his conviction has transpired to take his case out of the category of homicidal monomaniacs, and we cannot but express our regret that the hangman's noose should be thought the proper treatment for such a class of persons. If it should be urged that the example may serve as a warning to others in the same mental condition, the moral lesson is certainly lost, for while this miserable lunatic was actually under sentence of death, another deed of almost an exactly similar nature was perpetrated in the very same town where Burton murdered the little child. A man named Holden now awaits his trial for the murder of his own child, having committed the crime without the slightest provocation. We have no desire to prejudge the case, but we shall be curious to watch the results.

REVIEW OF THE PERIODICALS.

(Continued from page 201.)

dreadful form of insanity. "Sanitary Instruction for the Masses" gives a favourable notice of some popular lectures given by Dr. Trousseau and Dr. Bourchardat to the labouring classes of Paris, on the preservation of health. "Lunacy on the Stock Exchange" is an amusing hit at the idea of getting up an Asylum for the Insane on Joint-Stock principles. Under the head of "Autobiography of the Insane," a self-written history of the case of a lady is reprinted from the 'American Journal of Insanity,' from which journal the next article on the "Insane in France" is also extracted A paper on the "Medical Evidence of Crime" contests the position taken by a writer in the 'Cornhill Magazine,' that secret poisoning is a very common occurrence, and that persons accused of that crime have undue opportunities afforded them to escape from conviction. The subject of "St. Thomas's and Bethlehem Hospitals" affords the writer an opportunity of urging the removal of the latter establishment from its present site to a more spacious locality. The number terminates with a Report of the two late medico-legal trials—namely, those in which Fooks and Burton were concerned, and which have caused so much interest in the Medical world.

The 'Glasgow Medical Journal.' The first paper in this journal is a description of the dissection of a case of "Right Aortic Arch, with remarks on this and allied Malformations," by Professor Allen Thomson. By the term Right Aortic Arch, the author means an instance of the aorta being placed to the right side of the trachea and œsophagus, instead of as usual to the left, without transposition of the heart or other viscera, but accompanied by a reversal of the order in which the right and left brachio-cephalic vessels arise from the arch. The malformation itself is carefully described, and it is explained by an elaborate reference to the developmental changes which take place in the embryo during the formation of the primitive aortic bulb, and its subsequent division into systemic and pulmonary canals. The next paper is by Dr. W R. Hatrick on the 'Sanitary and Remedial Applications of

Bathing," with remarks on Scottish Spas. This communication is long and rather diffuse, but it is amusing, and contains a description of some of the few Spas found in Scotland, such as those of the Bridge of Allan and Moffat. Of the Scotch sea-bathing places on the western coast, Rothesay and Roseneath are among the best sheltered, and Arran, Dunoon, and Ashton are among the most bracing. Dr. JAMES WALLACE contributes some Notes from Practice, one of his cases being the restoration of the nose and lower lip after they had been ulcerated by lupus, and terminating favourably; and another is a case of restoration of the lower lip, destroyed by cancerous degeneration; but in the latter instance the patient died a few months after the operation from the recurrence of the original disease. Dr. G. H. B. MACLEOD, who is an examiner in criminal cases for one of the districts of Lanarkshire, gives an account of the Medical evidence connected with the trial of Jessie McLachlan, which, it will be recollected, caused a considerable excitement in the West of Scotland during the autumn of last year. The case has, of course, only a local interest, but Dr. Macleod's paper is a good instance of a carefully digested piece of medico-legal evidence. Mr. C. D. DOIG, in a short paper, relates the *post-mortem* appearances of a case of latent pleuro-pneumonia, followed by sudden death. Dr. T. MCCALL ANDERSON continues his series of cases illustrative of "Diseases of the Ear," his present paper being on acute and sub-acute suppurative inflammation of the cavity of the tympanum. Dr. G. R. H. PATERSON gives two cases of "Puerperal Convulsions," both of which terminated favourably, and in one of which the author attributes the successful result to the administration of tartrate of antimony. Dr. RUSSELL relates a case of "Ovariotomy," under the care of Dr. LYON, of the Glasgow Royal Infirmary, but although the operation appears to have been very carefully performed, and the patient to have been a favourable subject, the result was unfortunate, as the woman died in three days. The journal contains also two reviews, one of which is an analysis of Mr. Henry Thompson's book on the "Diseases of the Prostrate," and the other is on Mr. Huxley's "Evidence of Man's Place in Nature." The latter volume is ably but rather severely criticised, and the reviewer, like many other human beings, does not seem to be flattered by being compulsorily associated with gorillas and orang-outangs. Mr. Huxley's views are treated as ingenious but incapable of proof.

The 'LANCET.' The report of the concluding part of Professor HUXLEY'S Fourth Lecture on the "Structure and Development of the Vertebrate Skeleton" commences the number. The lecture is on the analogies existing between the human skull and that of the pike, the two extremes of the vertebrate series. The subject is an extremely difficult one, involving many minute anatomical details, and the accuracy of the stenographer is much to be commended, as well as that of the draughtsman who has furnished copies of the diagrams, and representations of the specimens exhibited. We were present ourselves at the lecture, which was delivered with the ease and rapidity usual with the lecturer, and cannot forbear expressing our admiration at the fidelity of the Report. Dr. C. B. RADCLIFFE continues his Lectures on "Certain Disorders of the Brain and Nervous System," delivered at the College of Physicians, and developes his peculiar and ingenious views on the nature of muscular action and its connexion with electricity. Dr. BRINTON communicates some clinical remarks on "An Anomalous Case of Intussusception of the Intestines," the symptoms of intussusception being masked during life by the existence of cancerous disease in the lungs, and peritonitis. Mr. W. S. SAVORY concludes his interesting experiments on the "Destination and Uses of Food," his object being to test the truth of Liebig's theories on this subject. In opposition to Liebig, Mr. Savory finds from his experiments that nitrogenous materials are not only calorifacient, but are sufficiently so, under some circumstances, to maintain alone the requisite temperature. Mr. Savory also finds, in opposition to Liebig, Lehmann, and others, that animals can live, and maintain their health, strength, and temperature, without non-nitrogenous diet The experiments, taken together, show that nitrogenous food is not only absolutely essential to life, but that life may be maintained for a long period, with perfect health and the normal temperature, upon a diet almost exclusively nitrogenous, containing a proper amount of inorganic substances, such as phosphate of lime. The quantity of urine voided, and the amount of its solid constituents, bears, of course, a close relation to the quantity of nitrogenous food consumed.

The 'MEDICAL TIMES and GAZETTE.' Professor HUXLEY gives a lecture on "Classification," the subject of the present discourse being the "Development of the Echinodermata," comprising the star-fishes, sea-urchins, holothuriæ, &c. Dr. LAYCOCK communicates a portion of an introductory lecture delivered at the University of Edinburgh on "Observing and Judging as to the Effects of Remedies," and he enumerates the difficulties which oppose the establishment of sound principles in Therapeutics, these difficulties arising partly from the differences in human constitutions, partly from erroneous theories as to the nature of disease, and partly from loose and imperfect habits of observing the effects of remedies. Dr. RAMSBOTHAM continues his papers on "Clinical Midwifery," the present containing some cases of lingering labour, one of sudden arrest of labour-pains from fright, one of dropsy of the ovum, and two of face presentation. Dr. WHITEHEAD continues his notes on the "Causes of Early Mortality," and contrasts the death-rate of France with that of England, the greater mortality being found in France. The writer reviews the general hygienic conditions of the two countries to account for this disparity, and he concludes that the superior diet of the English people, their habits of active exercise, and the marine and tonic character of their atmosphere, contribute to their comparatively greater longevity, counterbalancing many natural advantages possessed by France, such as great extent of space in the rural districts, a finer and more equable climate, and habits of temperance. Dr. HERBERT DAVIES, in a short letter, describes an interesting case of "Epigastric Venous Murmur," the patient being a brewer's man, affected with cirrhosis, in whom a loud continuous almost roaring murmur was distinctly heard on the upper part of the abdomen. *Post-mortem* examination revealed only an abnormally increased size of the epigastric veins, and Dr. Davies accounts for the murmur by supposing that their valves were insufficient to arrest the backward current of the blood.

GENERAL CORRESPONDENCE.

MEDICAL PROVIDENT ASSOCIATION.

To the Editor of the Medical Circular.

DEAR SIR,—Permit me to remind those gentlemen who were subscribers to your journal some two or three years since, of an admirable letter that appeared in a number of it, on the subject of a Medical Provident Association, and of an accompanying article, I presume from the pen of its late able and eloquent editor. There was not (as well as I remember) a single response to that appeal. I could not help thinking how discouraging it was, and that it needed all the energy that perseverance and hopefulness of men like Mr. Propert and Mr. Griffin to succeed in such an undertaking. The matter seemed to me so thoroughly defunct, that I never thought it would turn up again. Mr. Carter's letter leads me to hope that it is not so in reality; that it has only been in a state of hybernation. Can there be a doubt, a reasonable one, of the necessity of some institution of the kind? Look at the annual reports of the Medical Benevolent Fund. Many who are temporarily relieved by that fund might, had they been subscribers to a Provident Institution, been honourably independent of charitable aid. Then, as to the practicability of establishing one. If there is only sincere, active co-operation, and skilful organization, it can be done. A similar one has long been in existence, and flourishing in London and the vicinity, and surely what can be accomplished by a body of mechanics in establishing an ordinary benefit society, we can do, if we are only determined and agreed.

It is my belief that if half the subscription of every member of the British Medical Association was to be reserved either for the establishment or support of a Provident Association, it would be quite as useful a way of expending its income as that in which it vanishes so rapidly at present, and the Benevolent Fund would still have plenty to do and be able to do it more efficiently.

Yours, dear Sir, sincerely,

ROBT. HAMILTON.

April 11, 1863.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY

TUESDAY, MARCH 3.

Mr. PRESCOTT HEWETT, President in the chair.

Dr. OGLE showed

A LARGE EPITHELIAL WARTY GROWTH FROM THE VOCAL CORD—SUDDEN DEATH BY ASPHYXIA.

For the opportunity of exhibiting this specimen, Dr. Ogle was indebted to Dr. Stone, of the Brompton Hospital. It was removed from the body of a woman, aged 23, married. She applied for admission to the Brompton Hospital on July 15, 1862. She stated that her husband was a gravel-digger, that she worked in the fields and had been subject to cough all her life, but dated her illness from twelve months previously. Her family were phthisical; her father and twelve brothers having died of this complaint. On first application she was examined by Dr. Sanderson, who ascertained the presence of Tubercle on the apex of the right lung, but attributed the most urgent symptoms of some laryngeal affection. This latter had appeared four months before; since then there had been complete aphonia, great dyspnœa, especially at night, and uneasiness referred to the larynx. When seen, the act of inspiration was slow and difficult, there was croupy cough of a particular shrill and vibratory character. A month later she was admitted into the wards, with no alteration in symptoms. She was very restless, and the act of swallowing caused dyspnœa. Respiration was deficient under the right clavicle, of a tubular character. Singularly enough the resonance on percussion was good and equal on the two sides. Two days after admission she died suddenly with symptoms of asphyxia. These began while she was standing in the ward, by grasping, struggling, and irregular movements of the arms. In a few seconds the face became livid; within a minute she was insensible; motion ceased, and the pupils gradually dilated; pulsation could be distinguished in the heart and carotids for some seconds longer. On post-mortem examination, a solid mass of tubercle, very defined, about the size of an orange, was found at the apex of the right lung: in the centre of it was a small cavity the size of a nut. The rest of the lungs were remarkably free from tubercle deposit; they were emphysematous at the edges, and contained much thin, frothy, serous fluid. The larynx contained the tumour shown, which consisted of a lobulated, warty, or cauliflower-looking growth springing from the whole length of the left vocal cord. About two-thirds of its bulk was above the level of the glottis; about one-third below, and in the trachea. Its size was such as completely to block the passage: a probe the size of a crowquill could, however, be passed along the posterior wall. In its largest diameter it measured four-fifths of an inch and half an inch in breadth. Before the larynx was opened it reached nearly up to the base of the aryteno-epiglottidean folds. The other organs of the body were healthy. On microscopical examination of the growth, Dr. Ogle had found it to be one coming under the designation of epithelioma. It consisted of a vast number of epithelial cells of various sizes and shapes, some being the character of so-called mother or parent cells, with a considerable quantity of fibrous tissue, mostly of a very firm consistence. The minute discription of the various cells found would not differ from that of other similar growths found not occasionally in the same situation. Dr. Ogle observed that he had lately examined a somewhat similar specimen, which had been for some time in St. George's Hospital. The growth was much less in size, but its histological characteristics were almost identical with this specimen. It was removed from the body of a boy, aged four years, whose chief complaint during life was dyspnœa, with croupy inspiration, especially during sleep, which then was often stridulous. Dr. Ogle was informed by Dr. Stone that in his case laryngoscopy had not been resorted to, as it was feared the efforts necessary for such a procedure might bring on a fatal, or, at least, dangerous dyspnœa.

The PRESIDENT regretted that the patient had not been able to tolerate a larynxgoscopic examination. There was present, he remarked, a gentleman,—Dr. Gibb,—who had removed tumours of a similar kind, though not so large. He had no doubt but that Dr. Gibb would have been glad to have dealt with such a case.

Dr. GIBB thought that if the patient had been seen early the growth might have been removed. From inspecting many tumours of the larynx, he should judge that the specimen should be called "fibro-cellular," rather than malignant.

Dr. OGLE explained that he did not call the tumour malignant, but epithelial cells. It contained epithelial cells.

Dr. BRISTONE said that he had several times brought before the Society specimens of epithelial tumours which were not malignant. He considered that the tumour in the specimen exhibited was too extensive to have been removed during life.

Dr. GIBB said that he had then under his care a patient who had a warty growth in the larynx; it was the size of a pea. A few days ago he made an effort to remove it, but only got away a slice. He had since applied caustic to the cut surface, and under this treatment the mass was gradually getting smaller.

Mr. GAY showed to the Society an infant in whom there was

MALFORMATION OF THE GENITAL ORGANS.

The child was four months old. The scrotum was divided, and in each half was a testis. The penis was rudimentary, and the urethra opened at the lower part of the fissure. The corpus spongiosum was deficient on both sides. At the lower part there were two bodies, one vascular, which Mr. Gay thought was composed of the tissue of the undeveloped corpus spongiosum, and the other a rounded, polypus-like body. The child was brought to him in order that he might give his opinion as to the propriety of removing these bodies.

The PRESIDENT proposed that a drawing of the parts should be made for the *Transactions* at the expense of the Society.

Mr. PARTRIDGE asked if the case were not of a class not very uncommon, a split scrotum, rudimentary penis and imperfect urethra, the two tumours being merely accidental. He referred to the case of a German who went about exhibiting himself, pretending to be of both sexes. He was really a man, though he had certificates from several distinguished Medical men that he was a woman. His urethra was large and this was taken for a vagina. It was said that the os tincæ could be felt in this so-called vagina; what was reached by the finger, however, was the prostrate, and his urine could be drawn off through this channel.

The PRESIDENT said that he considered that the complications rendered it the more necessary that a drawing should be made. He agreed with Mr. Partridge that they were accidental.

In reply to Dr. Schulhof, Mr. GAY said that there was no instance of malformation in any other member of the patient's family.

Mr. THOMPSON suggested that the vascular growth might be removed by the ligature.

Dr. DICKINSON exhibited two specimens of

GRANULAR DEGENERATION OF THE KIDNEY.

They had both been taken from elderly people; dropsy had not been a prominent symptom in either case, and in other particulars each had been accompanied by a very characteristic history. The object in bringing forward these specimens, however, was not clinical, but had relation to morbid anatomy. The mechanism by which a granulated surface is developed upon the kidney was explained, and preparations and drawings were adduced in support of the views advanced. It was maintained that since the tubes of the kidney were of microscopic size, no mere dilatation of these structures could occasion any roughness of surface perceptible to the unaided senses. Granulations were made not so much by projection of the tubes of which they are composed, as by contraction of the intermediate spaces. This contraction was explained to be occasioned by a minute deposition of fibroid material upon the intertubular tissues, which subsequently contracted and drew in the surface. Granular degeneration of the kidney thus was made out to be exactly analogous to cirrhosis of the liver. In the earlier stages of the disease, fibrous processes could be seen passing into the kidney from the capsule at regular intervals. These worked their way into the kidney, travelling quite independently of the direction of the tubes. The tubes and their epithelium became subsequently affected. Dr. Dickinson expressed his dissent from the views of those pathologists who attribute all the diseases of the kidney to more or less desquamation of the epithelium.

Dr. WILKS said that the statement of Dr. Dickinson that the granular kidney was the consequence of an intertubular deposition of fibrous tissue was highly important, if true, but it was so easy to confound the matrix of the organ, and even the wasted tubules themselves, with simple fibrous tissue, that much care was required in coming to a decision on the question. That the apparent adventitious material was nothing more than the wasted tubular structure was the opinion of many high authorities. As regards the similarity of the disease to that of cirrhosis of the liver, this held good under the more recently received opinion. In Bright's Disease the analogy was at once made, but disputed on account of the belief that the *hepatic* cirrhosis was due to the contraction of a plastic lymph, whereas there was thought to be an absence of such inflammatory product in the *nephritic* cirrhosis. On the supposition, however, that the granular kidney is caused by an intertubular nephritis, the two diseases have again been compared, and now they may with more justice than ever be considered as analogous conditions, on the theory that in neither case is there a deposition of lymph in the structure, but that the contraction and granulation are due to atrophy alone; in both cases the nodules or granulations being formed by little masses of the tissue itself.

Mr. Spencer Watson exhibited a specimen showing

CONGENITAL DEFICIENCY OF THE RECTUM, AND IMPERFORATE URETHRA.

The child from which the preparation was removed was born probably at the full time, or nearly so, but was smaller than the average size. The mother, a tolerably healthy woman, had several other well formed children. There was nothing on the surface to indicate the position of the anus, or the course of the rectum. An umbilical hernia, covered only by the transparent integument of the cord, and talipes calcaneo-varus of the left foot, co-existed with the other deformities. An attempt was made to relieve the child by an incision from the perineum without success. No urine passed by the urethra. The belly became much distended, and the child died on the fourth day from its birth. On dissection a portion of colon, corresponding to the umbilical hernia, was found much inflamed, and recent lymph was effused on its surface. The whole large intestines much distended. The cæcum lying below the stomach, and the remaining portion of the colon took a very irregular course, a small portion of it only being attached to the left loin by the mesocolon. The bowel terminated a little to the right of the inferior fundus of the bladder, and communicated with it by a narrow canal, a quarter of an inch long. The urethra was imperforate in the middle part of its course, and the bladder and ureters very much dilated. The dissection of the perineal region gave no indication of a sphincter muscle. The distance between the terminal portion of the bowel and the perineum was at least five inches. A case of the left foot of the same subject from King's College Museum, showed a variety of talipes having the characters of talipes varus and talipes calcaneus, the heel being depressed and the inner border of the foot raised.

Dr. Gibb exhibited a

PIECE OF NECROSED CRICOID CARTILAGE EXPELLED IN THE ACT OF COUGHING.

The patient was a man of forty-seven, who had been very ill with fever and rheumatism in India and China. He had been subject to sore throat, was hoarse for months, and had had loss of voice for some weeks. He could utter only the feeblest whisper. The breathing was stridulous and noisy. Expectoration was very profuse. Laryngoscopy showed a large tumour formed by the right false vocal cord, which nearly obliterated the glottis opening. The inner surface of the tumour was excavated like a crater. Under treatment the swelling and urgent symptoms subsided, and he was on the eve of discharge from the hospital when he expectorated a portion of the ring of the cricoid cartilage. A few days after he had œdema of the right side of the glottis, with almost closure of the latter. Dr. Gibb scarified the swelling freely with an instrument he had devised and introduced a large bougie (three-quarter inch in diameter) into the larynx, to dilate the passage by the aid of the laryngoscope. All the dyspnœa subsided, and he rapidly improved.

Dr. Gibb also showed illustrations of

TUBERCULOUS AND FOLLICULAR ULCERATION OF THE LARYNX AND TRACHEA.

1. A female, aged thirty-eight, mother of four children. Tuberculous ulceration of the larynx, especially involving the right vocal cord; hoarseness, partial aphonia and dysphonia for seven months; inflammation of the left thyro-hyoid ligament; in the third stage of pulmonary phthisis. 2. Pale, delicate, strumous lad of seventeen, in first stage of pulmonary phthisis. Loss of voice for sixteen months, and now a laryngeal whisper; larynx and trachea much congested, with ulceration of the follicles on true and false vocal cords, in the trachea, on the epiglottis, and aryteno-epiglottic folds. These were all healed up by two applications of a solution of nitrate of silver, and the voice improved. 3. A female, aged twenty-four; has spoken in a whisper for fifteen months; in second stage of phthisis; great irritability of larynx, which was found to be finely ulcerated throughout, as in No. 2, conjoined with acute inflammation of the epiglottis. The aphonia was chiefly due to thickening of the true vocal cords and ulceration of their mucous covering, which had almost wholly stopped their action.

The President supposed that Dr. Gibb would agree that necrosis of the laryngeal cartilages was not rare, and that pieces of bone were not unfrequently coughed up. He had seen several cases in which this had occurred as regards the arytenoid. In one, the fragment got into the windpipe and nearly suffocated the patient.

Dr. Gibb said that he exhibited the specimen as it was rare to be able to see the exact point from which the bone came. This could only be done by the aid of the laryngoscope, and was represented in one of the drawings he brought forward.

Mr. Obre then showed

PART OF THE TONGUE REMOVED FOR EPITHELIAL CANCER.

A gentleman, forty-two years of age, had slight ulceration of the tongue from a false tooth. Induration followed, and the ulceration extended. There were no enlarged glands. Mr. Obré removed it by the knife. There was a good deal of hæmorrhage, which was soon stopped; but afterwards secondary hæmorrhage ensued. There was evidence of tendency to cancerous disease on both sides of the patient's family.

Mr. Henry Thompson referred to two specimens he had exhibited for Mr. Fiddes, of Jamaica. In both the whole of the tongue was removed, and both the patients recovered from the operation; but one of them died twelve months afterwards from recurrence of the disease, and the other, when he last heard from Mr. Fiddes, was suffering from recurrence. As to the removal of cancer of the tongue, he considered that if they were well isolated, there was a good chance, and especially in some of a doubtful nature. There was no difficulty in applying the chain of the *écraseur* well behind the disease if the tongue were perforated. He doubted, however, whether it was desirable to remove parts of the tongue by this instrument, as, although there was little hæmorrhage at the time, many of them bled afterwards.

Mr. Barwell referred to Mr. Nunneley's case of removal of the whole tongue. He (Mr. Barwell) believed that when cancer was seated near the tip of the tongue it was less likely to return when removed than when it was far back. This, he considered, depended on the nature of the tissue affected.

Mr. Partridge said that in all the cases in which he had operated the disease had invariably returned.

Mr. Gay said that he had seen a case of cancer of the tongue commencing in a position precisely corresponding to a decayed and roughened tooth, and he had no doubt but that such irritation was a frequent cause of the disease.

Dr. Montgomery then showed a specimen of

PYÆMIC DEPOSIT IN THE LIVER.

He considered that it illustrated the mode of secondary deposits. There were clots blocking up branches of the portal veins, and these led to the part of the tissues of the liver which was diseased. These clots were exactly of the colour and appearance of the fibrine in the liver itself. On opening one of the deposits he found only *débris* of fibrine, and he believed that the so-called abscesses were not deposits at all, but coagulations in the capillaries, which afterwards softened and decomposed. Some of these were quite hard, and under the microscope showed the structure of ordinary clots. It occurred after an amputation, so that he could not understand that any material had been bodily carried and arrested in the capillaries.

Dr. Dickinson said that the specimen looked like one of fibrinous clot.

Dr. Montgomery replied that he thought so, but that the fibrine was being decomposed.

Dr. Bristowe considered that Dr. Montgomery meant that the so-called secondary deposits were not really secondary, but local deposits, which afterwards underwent softening. In the lungs blood was sometimes effused in pyæmia.

Dr. Wilks said it was true that such primary deposits would take place, but no one would deny that inflammatory changes would follow.

Dr. Montgomery considered that very often there was no inflammation, at least none visible. He considered that the great bulk of the so-called deposits were decomposed fibrine.

Dr. Wilks and Dr. Bristowe explained that they were speaking of the first stage of the process.

Mr. Barwell thought there was no evidence of actual carrying of pus. The condition of the blood was the important part of the diseased process.

The President thought that the theory broached as to the softening of fibrine would scarcely hold good as regards the extensive deposits in the cellular tissue, in the joints, &c.

Dr. Montgomery thought that if the substance from the localities mentioned were examined by the microscope it would be found to be softened fibrine, and would contain only a few pus corpuscles.

The President replied that he had found pus in the deposits in joints.

Mr. Brooke exhibited a specimen of

CUTANEOUS TUMOUR

removed a week ago from the middle of the dorsal region of the spine. It had been growing for twenty years, but rapidly for the the last three or four. It was soft, painless, and sessile. He could not decide whether it was a degenerated nævus or not, and he was not certain as to its malignancy. It contained large nucleated cells.

Fatality of Cholera in Malabar.—The mortality among such of the natives as were treated in hospital on the outbreak of cholera in 1859-60 was 66 per cent.; that of cases registered throughout the district no less than 93 per cent.

Netley Hospital.—With the exception of a few of the officers and non-commissioned officers connected with the staff, the entire invalid establishment at Chatham has been transferred to the new military hospital at Netley.

Typhus Fever among the Surgeons at the General Hospital at Vienna.—No less than six assistant-physicians, and a great number of ward assistants, are suffering from the typhus fever which has been raging in the hospital.

LEGAL INTELLIGENCE.

REPORT OF THE TRIAL BROMWICH *v.* WATERS.

This trial was ostensibly to assess damages for loss of service, but it really implicated the honour and Professional conduct of Dr. Waters, the charge against whom was as follows :—The plaintiff, Caroline Bromwich, is an elderly maiden lady, who with her sister, also a maiden lady, near her own age, reside at Boughton, in Chester. They had a servant, Mary Whalley, now twenty-eight years old, who had been in their service fifteen or sixteen years, who had nursed both themselves and a brother in his last illness, in whom they implicitly relied, and to whom they were deeply attached. Dr. Waters had attended their brother, and occasionally themselves ; and Mary Whalley applied to him for advice, at the suggestion of the plaintiff, in February, 1860, for vomiting and other symptoms of gastric derangement. Getting no better, she was taken by her mistress to Llandudno, and thence to the Isle of Man, and returned to Boughton in July, 1860. Being still ill, she again applied to Dr. Waters, who saw her in bed at her mistress's house, recommended her to go into the infirmary, where she would be under his care ; and, on her evincing great repugnance to do so, told her she might come to see him at his own house, for which he would charge her nothing, as the expense of medicines would be as much as she could afford. She used always to go to him on a Saturday. On the first Saturday in December, 1860, he made a vaginal examination, told her she had ulcers in the womb, and on the second Saturday applied lunar caustic, and this he continued to do at intervals of a week or a fortnight, according to her account, for more than a year ; according to his, five or six times, certainly not ten. In 1861, her mistress took her to the Isle of Man again, where she became the subject of aggravated hysteria. In August she again saw Dr. Waters at his own house, having often seen him at her mistress's during the summer, as he was attending Miss E. Bromwich under illness. No examination by the speculum was made in her mistress's house ; but on her resuming her visits to him, he began again to apply the caustic, and continued to do so until Saturday, November 9, 1861. On that day, according to her account, she walked to Dr. Waters' house, rather more than a mile, having been very ill all the morning, and taken nothing all day but one cup of tea. On seeing her so faint when she arrived, he gave her a glass of wine, almost immediately after drinking which she became insensible, remained so for more than two hours, and was unconscious to everything until between five and six o'clock, when she "was awoke by the Doctor," lying in another room, and found she had been sick over the hearth-rug. He got a cab for her and she went home in it. After this he saw her at her mistress's once or twice, and two or three times at his own house, but did not use the speculum. Her menses had appeared regularly until November, 1861, after which they ceased. The last appearance having been the last week in October, and one or two days in November. On April 2, her mistress took her to Malvern, having previously consulted Dr. Waters as to how she should treat her, and whether she should call in Medical advice there. This latter he dissuaded her from doing saying it would be of no use. At this time Whalley's person began to enlarge, and according to her account, Dr. Waters after the examination of the abdomen, told her her liver was enlarged, that she must take wormwood-tea, walk up the Malvern Hills as much as she could, and that she would be better when her menstruation returned.

On May 22, Dr. Gully, of Malvern, was consulted, and pronounced the case one of tumour of the womb. The patient went through all the formula of the water treatment, and on July 26, after evidently a good many hours' suffering from labour-pains, a boy was born. It was acknowledged on all hands that the girl conducted herself as though she had no idea she was pregnant, nor that the pains were those of labour until after the child's birth. Dr. Gully was sent for when she was under expulsive pains ; his assistant, Dr. Badgley, came, but the child was born before his arrival. She alleged that she must have been taken advantage of by Dr. Waters, while she was insensible at his house for more than two hours on November 9. She did not charge Dr. Waters with any other indecent conduct, except once, when she being on her back, and he striding across the lower end of the couch on which she lay, while the speculum was being used, a knock was heard at the study door ; she then hastily removed the handkerchief with which she was accustomed to cover her face while under examination, and saw his trousers unbuttoned, and his shirt protruding. He turned from her, adjusted his dress, and opened the door, and another time when he pressed heavily upon her while making his examination. But she swore to his having made use of the following expressions at different times :—"There are only two things to be done, either I must apply caustic, or you must have a husband." "You want something doing to you." "You want a husband ; now how should I do for your husband ?" "You have a beautiful colour, and if you could see yourself in a glass, you would think yourself fit to be a bride." She also swore that he requested her not to tell her mistress he had used caustic, "as that was a Surgeon's business." All this, as might be supposed, was denied by the defendant, Dr. Waters, except that he recommended to her marriage, which he acknowledged, as well as telling the same to Miss Bromwich, her mistress, and that he did do this Miss Bromwich corroborates.

To sustain her story, Miss Bromwich was called, but she could only of course speak to the girl's general state of health, the journeys undertaken, and dates.

Dr. Badgley pronounced the child well developed.

Dr. Robert Lee had examined her most carefully with the speculum twice, and found the uterus perfectly healthy ; he could detect no signs of previous ulceration, which must be evident had ulceration ever existed ; he thought the speculum had been grossly abused.

Cross-examined by Mr. Welsby :—The speculum has been very largely employed in exploring diseases of the uterus all over the world.

Mr. Welsby : Would the use of the speculum be proper in inflammation of the uterus ?—Witness : I don't understand you.

Mr. Welsby : Inflammation of the orifice of the uterus ?—Witness : I don't understand that.

Mr. Welsby : Do you understand by it irritation of the uterus ?—Witness : That is a term with no meaning. (Laughter).

Mr. Welsby : Do you understand by it superficial ulceration ?—Witness : No, I do not.

Mr. Welsby (holding up a book) : Are you the author of "Clinical Reports of Ovarian and Uterine Diseases ?"—Witness : Yes.

Mr. Welsby read an extract from this volume, which stated that the speculum in exploration of diseases of the uterus was much employed on the continent.

The witness said he had published two books. There was another publication.

Mr. Welsby : Do not the words inflammation of the orifice convey to your mind any specific idea ?—Witness :—No ; very different.

Mr. Welsby : What information do you wish to convey to the Profession, that in cases of inflammation of the orifice it is important to use the speculum ?—Witness : It is an expression of opinion generally received on the Continent, and if you ask my opinion at the present moment, I will tell you that ulceration is very rarely met with. That book was written a long time ago.

Mr. Welsby : In 1853. Am I to understand that it is unintelligible from the fact that it was written ten years ago ? How old are you now ?—Witness : I am ten years older than I was then. (Laughter.)

Mr. Welsby : What is your age ?—Witness : You would have some difficulty in finding it out. (Renewed laughter.)

Mr. Welsby : Would I. I ask you again, how old are you ?—Witness : I don't know.

Mr. Welsby : You wont tell me ? Witness : I cannot tell you.

Mr. Welsby : How long is it since you began your studies. —Witness : My whole life has been devoted to it.

Mr. Welsby : How do you know that ? This is not a farce we are now acting, nor a comedy. Just tell me honestly, like a gentleman, how long you are experienced in these diseases. Witness : These diseases have occupied my attention since I was a student in Edinburgh.

Mr. Welsby : In what year ?—Witness : Twenty years ago I studied everything that could be found in Edinburgh.

Mr. Welsby : When did your practice begin ?—Witness :—I studied on the Continent for four years.

Mr. Welsby : In what year did you begin to practise ? Why do you not give me a direct answer ?—Witness : I was two years with Prince Woronzoff in Russia, when I returned to London, and I have not got a holiday since 1827.

Mr. Welsby : You have got one now, at all events.—Witness : I am bound to say that I have not known an idle hour in my life ; and if I am ignorant it is not my fault.

Dr. Ramsbotham had examined her with the finger and the speculum on February 6 last. The uterus was then perfectly healthy, there was no cicatrix at the os uteri, which there would have been had there ever been present an ulcer that had destroyed the substance of the uterus extensively ; but if the ulcer had been merely superficial, only destroying the mucous membrane, no trace might be left at such a distance of time, because that membrane possesses such restorative powers in itself, that all marks of previous ulceration on it alone are soon effaced. To require so many applications of caustic for so long a time would generally imply that the substance of the mouth and neck was deeply implicated, because the superficial ulceration mostly gives way to six or eight applications at the farthest ; but this superficial ulceration has a great tendency to recur, so that a return of the complaint may require a return to the caustic, and thus the same kind of treatment off and on may be necessary for many months. The speculum is most extensively used in this country and all over the world. He himself never uses it in the case of an unmarried woman of good character, unless it has previously been employed by another practitioner in the same case,

From the description Whalley gave of the attack she had on Nov. 9, 1861, he should call it cataleptic hysteria, or hysterical coma. Very distinguished authors both in England, France, and Germany, have expressed their conviction that a woman might be impregnated while in a state of insensibility, and he was of the same opinion. He thought if attacks of hysteria such as Whalley experienced could be distinctly referred to the use of the speculum or the application of caustic, that the application should be discontinued as soon as they appeared. Patients with ulcerated os uteri are generally separated from their husbands while under treatment. The recommendation of marriage in hysteria, where no ulceration exists, would be proper, inasmuch as connubial intercourse often cures hysterical complaints.

Dr. Alfred Swayne Taylor knew that caustic was applied to the os uteri by Physicians as well as Surgeons, and it could not be considered wholly a Surgeon's business. He agreed with Dr. Ramsbotham respecting the character of the attacks to which Whalley became subject, and his remarks about marriage in cases of hysteria. He knew of no drug which would produce perfect insensibility immediately it was swallowed, and continue to affect the person in the same way for two or three hours, its effects after that time passing off. Any drug with such power would produce death.

Dr. Waters, as above said, denied using such expressions as were attributed to him; denied his trousers were ever unbuttoned in Whalley's presence; was sure from the first examination he made that she was not a virgin; had certainly not used the caustic more than ten times; considered the girl of a lascivious temperament; and on the first occasion of his seeing her at his own house, she put her arms round him when he was examining with his ear the action of the heart, and drew him towards her in a caressing manner. He then told her that was wrong, he had a family, and nothing improper must take place between them. This she was called afterwards to refute.

Besides Dr. Waters' denial, the defence was based upon two circumstances,—the first, that the day on which Whalley got a glass of wine and was sick was not November 9, but the 30th, on which day the Doctor, though at home, could not have been with her for many minutes together, because he was selling a pony in the paddock at some distance from the house; the second, that the girl was of a disreputable character, used to talk about her sweethearts, &c., and was often seen kissing a certain Joe Smith, and other men.

Joe Smith was called, and swore he never kissed her except once, ten years ago, and that was for a wager.

One of her fellow-servants, indeed, deposed to her very often having seen her straddling with her legs across a boy who was kept in the house, of fourteen years old, while he was sitting in a chair, so that her naked legs could be seen, and he had his breeches down at the same time. This always happened in the kitchen, and at dinner-time. She never told her mistress of the misconduct.

Mr. Serjeant Shee, however, drew out of this witness that she had a great hatred to Mary Whalley.

The boy was examined, who swore it was false.

Mr. Brittain, Dr. Fyfe, and Professor Simpson, of Edinburgh, all concurred that the treatment pursued by Dr. Waters was correct; and Dr. Simpson told the court that a child born three weeks before its time would not be fully developed.

The jury, after six hours' deliberation, found a verdict for the defendant. This announcement was received outside the court with tremendous cheering.

On the next day, Saturday, an action for slander was brought by Dr. Waters against Miss Bromwich. The plaintiff's case having been proved, it was proposed by the defendant that a juror should be withdrawn, upon which his Lordship remarked, "This case was most satisfactorily investigated yesterday, and if I were the plaintiff's counsel I certainly would not permit him to consent to the withdrawal of a juror." A verdict (by consent) was then taken for the plaintiff, damages 40s. and costs. His Lordship remarked, "*I think it is most correct for the defendant to express her satisfaction with the jury's decision yesterday, in which I most heartily and entirely concur.*"

DROGHEDA QUARTER SESSIONS.

ELLIS V. MILLS.

This was an action brought by the plaintiff, R. E. Ellis M.D., against Henry Mills, solicitor, for 22*l.* 1s., being the amount claimed by him for loss of time and travelling and other expenses, incurred in attending as a witness in the case of Gibson *v.* Flynn, brought on for trial in Dublin some few months ago, and for the payment of which, it was alleged that there was an express contract.

Mr. Hamill, in opening the case, said the defendant was a solicitor, who has come to this town to practice in the local courts, and Dr. Ellis, who is a highly respectable and well-known medical practitioner, sued Mr. Mills for 22*l.* 1s., for loss of time and expenses in going to Dublin and back, and evidence rendered by him as a witness, pursuant to a *subpœna* served by the defendant on him in the month of November 1862. The plaintiff alleges that the defendant agreed to pay his expenses. Dr. Ellis, as he had stated, is a gentleman residing in Drogheda, and Mr. Mills, a solicitor, brought an action, instructed, he presumed, by a person named Bridget Gibson, against a person named Flynn, for seduction. That was an action brought to the court in Dublin, and for some reason Mr. Mill conceived that Dr. Ellis's testimony would be valuable upon the hearing of the case. He issued a summons and plaint against Flynn—the case was for trial, and appeared upon the list for several days in November and beginning of December. Having to act upon his own judgment Mr. Mills, gave a *subpœna* to Dr. Ellis to attend in Dublin upon that trial. The law, which he believed to be this, he would now tell the jury. The attorney who merely acts as an agent for his principal in an action, if advised and directed to summon any particular party as a witness, is not himself personally answerable to the person whom he summons; but in this case there was an express, direct contract made between Dr. Ellis and Mr. Mills with regard to these expenses, with regard to being summoned, and with regard to the expenses incurred in travelling to and from Dublin from day to day. If he proved that express contract, he took the case out of this rule, and it becomes an ordinary case of agreement between party and party. He must now go into the facts of the case Gibson *v.* Flynn, because it would show the action was of the nature known as a speculative action by the attorney. He was not now going to say that attorneys might not legitimately commence speculative actions, because if it were not so, grievous wrong would sometimes go unredressed, unless some man like Mr. Mills came forward and took the matter up. Mr. Mills could tell them that Bridget Gibson the plaintiff in that action, was a very poor woman, who received only a few shillings per week, and had no means whatever to enable her to protract the question in Dublin, because before an action can be tried there are certain things to be done which create and promote expense. Mr. Mills, however, took the matter up. Some would call him a speculative attorney; he (Mr. Hamill) called him a philanthropic attorney, who, out of pure love for the species, undertook the action (laughter). However, it was certain that Dr. Ellis attended in Dublin, and on the first day had a remarkable conversation with Mr. Mills. He said to the defendant, "You know this woman cannot pay me for my expenses, and you know I cannot attend here without expense and loss of time, nor without the usual fee of a physician being paid me." During the sittings that term there was no less than three or four actions against a trader named Langan for fraud upon the revenue. This case was then at hearing and some of the most eminent men of the Irish Bar were engaged in it, and that was a block in the way of hearing the case for which the plaintiff was summoned. Dr. Ellis said to Mr. Mills, "You see this case is taking up a great deal of time; you want me to come backward and forward, and I now require to know from you who is to pay me?" Mr. Mills there and then said, "Well, we know this is a case which must be tried; we cannot do without you, and I'll see you paid, and pay you." And, accordingly, Dr. Ellis reminded him that his fee was three guineas per day, and, besides, that he would require something for his expenses.

He said that he could not come back to Dublin again, and Mr. Mills repeated that he would have him paid, and that they could not do without him. If he (Mr. Hamill) proved an express contract, he would be entitled to a verdict for a fair amount. Dr. Ellis had to attend for six days, and it was well known to Mr. Mills that if he had not succeeded in the action Miss Bridget Gibson was not able to pay either him or the doctor, and he had to say that when an attorney embarks in a case of that kind he makes himself the principal; he ascends and rises into that greater character, because he is the person who is to lose a certain amount if he fails, and gain a far greater amount if he succeeds. Well, the defendant (Flynn) was advised by his counsel that it would not do to have the publicity of that trial in the public papers, and an agreement was come to whereby a certain sum was arranged to be paid to Gibson. Now, he desired to impress upon the jury that their verdict in this case could do Mr. Mills no harm.

At all events, he got 200*l.* to cover the costs, and if he has retained money he has a right to pay them. If he has not, he, knowing the consequences, should have retained it. And now, gentlemen, I will read you a letter from Mr. Mills to Dr. Ellis, as I want to show you that before this money came into his possession he had a clear intimation of our demand; because, gentlemen, Dr. Ellis applied to him, and furnished his account, that amounted to the sum of 22*l.* 1s., which we now process for. He wrote to him, he spoke to him personally, and, gentlemen, he received from Mr. Mills this answer:—

"Dear Dr. Ellis,—I have delayed answering your letter in hopes of hearing further from Mr. Shegog, but as yet nothing definite has been done. By Saturday, however, I would hope to be in a position to settle your claim, and I need hardly say what pleasure it will give me to have this done to your satisfaction.—Yours, &c.,

"H. Mills."

Now, gentlemen, I cannot pass over this letter without remark. At that time he knew of the demand and the amount, and then he

says, "When I get the money I'll have great pleasure in settling your claim to your satisfaction." Now I ask you what is the legitimate meaning of these words, unless it is this, "When I get the money I will pay you your 22*l.* to your satisfaction." Now, gentlemen, let us see how Mr. Mills, in his philanthropy for Bridget Gibson, treats Dr. Ellis in the like philanthropic spirit. Dr. Ellis went to his office, and what was the satisfactory offer that Mr. Mills was inclined to make? Why, when Dr. Ellis went in Mr. Mills talked something about 5*l.* Well, now, that was a very philanthropic offer no doubt. Mr. Murray, the gentleman who is so very active in transacting the business of Mr. Mills for him, thought it was not enough. Even Mr. Murray thought it too little, and, said he, "Give him another pound—give him another pound," (laughter). Why, gentlemen, Dr. Ellis holds a high position in this town; he did not go there to huxter with them—he went there to have a settlement of his claim, as in this letter, which reflects credit on Mr. Mills, if he had only carried it out. Now I would like to know whether this was to the satisfaction of Dr. Ellis or not to offer him only 5*l.*! And the clerk coming out with a more charitable feeling for his townsmen—"Oh!" said he, "give him another pound" (laughter). Now, gentlemen, are you to permit a stranger who has come among you to reap a large profit, and get the services of a respectable person in this way? some people would call it shabby. I will not designate it so—I will leave that for you, gentlemen, to do by your verdict. He does not in this letter repudiate the demand—He doesn't even say it is too much. I could understand the honesty of Mr. Mills saying, "Doctor this is too much." But, no; he says nothing of the kind until he has netted a nice little sum of 200*l.*—a very pleasant little sum to have in his pocket. But when he offers Dr. Ellis 5*l.*, I leave it to you, gentlemen, to decide whether you will agree with Mr. Murray that 6*l.* is fair, or agree with me that Dr. Ellis's claim for 22*l.* 1s. is a fair one; and now, gentlemen, that is the question you have to decide.

Dr. Ellis sworn and examined by Mr. Hamill—I am a medical practitioner in this town; I know Mr. Henry Mills, solicitor; I know a person named Bridget Gibson; I was *subpœnaed* to attend as a witness in a case brought by her against a person named Flynn; I got 10s. with the *subpœna;* I went to Dublin in pursuance of that; I recollect meeting Mr. Mills; the trial was to take place in the Court of Exchequer, and I met him in the Round Hall; I had a conversation with him there, and called his attention to the long list; this case was No. 11 on the list; I told him I could not afford to lose all my time, that I would expect three guineas a day and incidental expenses; I then recommended him to get counsel to apply for a certain day to try the case; when I mentioned that I should get three guineas a day and 10s. 6d. for expenses, he assented to it; in consequence of what took place I came back on Tuesday; on Sunday I received a message from his clerk, and I went on Monday in accordance with that; I saw him on Monday; had a conversation with him, and told him he had no business to bring me up on that day; he told me the trial might come on at any moment; I attended every day; he desired me to do so; I went home that night and returned next day; he told me there was no chance of the trial going on; I attended six days at his instance.

Mr. O'Driscoll referring to the case of Gibson *v.* Flynn, said it was a very distressing one, there was a complication of injuries complained of by his (Mr. O'Driscoll's) client, as Bridget Gibson then was, and one of them was disposed of in this court. The action to be tried in Dublin was one of seduction, and Mr. Mills was directed by his counsel to procure the gentlemen who attended this girl in her confinement and afterwards. That was what Dr. Ellis was *subpœnaed* for. The girl or her mother could have proved it, but still it was thought proper to produce the doctor, and accordingly he was summoned. The jury would, he was sorry to say, be obliged to decide upon some very material facts, in which there would be a direct conflict of evidence between Dr. Ellis and Mr. Mills. Mr. Mills was always ready to pay what the law would allow him, but he was not ready to put his hand into his client's pocket, and it was utterly improbable that before the case went to a jury at all—knowing the persons to be extremely poor—Mr. Mills would come forward and say, "I'll pay you 21 guineas no matter what the result of the action is. The jury would be helped to the conclusion, whether it occurred at all or not, by the evidence of Mr. Mills, who would tell them that no such thing occurred and that he only said to Dr. Ellis, "you shall be paid what is right." Dr. Ellis then said to Mr. Mills, "I shall expect three guineas a day," and Mr. Mills said, "undoubtedly, whatever is right you will get, and it shall be my duty to get you what is right," but he did not pledge himself, or make himself personally liable for the payment. And now he would ask the jury to put themselves in the position of Mr. Mills—the action pending—his client's people poor—the matter not tried by a jury—would they voluntarily pledge themselves to a person whose evidence was not worth a straw, to pay him 20 guineas. He gave them credit for more common sense. If it was when a very favourable impression had been made, and when a very material witness was required to be produced, and when the result of the verdict depended upon his evidence, he could understand a medical man saying "I won't give my evidence unless you, Mr. Mills hand me my twenty guineas," He could understand that, and if the other said, "very well, doctor, I will guarantee to give you the twenty guineas," that would be an agreement in open court, and there would be consideration for that. But beforehand—the gentleman having in his pocket that which compelled him by force of it at least to appear in court—it it would be absurd to do so. Now, there was the state of the case which the jury were asked to believe—that Dr. Ellis had the *subpœna* in his pocket by which he was bound under the penalty of 100*l.* to appear in court, and that Mr. Mills notwithstanding he knew all this, said to him, "I may never put a penny of costs in my pocket, but I will nevertheless pay you 20 guineas." But he could understand that this being the first case in which Dr. Ellis's professional evidence was required in a civil court, there should be some confusion of intellect. He should be sorry to impute wilful misrepresentation to the doctor, but he should say that, Dr. Ellis appearing in a civil court for the first time like a general in his first battle, was a little agitated, and readily fell into a mistake.—Mr. Mills was under no such feeling, and he told Dr. Ellis that whatever was right he should get it, that it would give him great pleasure to procure for him what he could. On a subsequent occasion, when the doctor called on him, Mr Mills offered to pay him six guineas, and put his hand in his pocket to do so, but the doctor said, "no, I'll have the twenty guineas or none." Now, he begged to say that it would be a very fatal blot upon justice if, upon all occasions where there was a poor plaintiff, she was obliged to make a bargain of that kind with a medical gentleman before she could have the assistance of his evidence, which by law he is bound to give. It would be as much as to say that justice is to be bought. But there is no such thing known to our law. Physicians and surgeons were until very lately entitled to nothing at all, even for their professional services, and now very great discussion was going on among medical men, to see whether they could not get an Act of Parliament obliging the payment of their expenses.

His Worship in summing up, said there was one of two topics in this case which the jury would require to dismiss from their mind. They had heard a great deal about speculative actions; but he had to tell them that the result of the action brought on by Mr. Mills proved it to be well founded, and it would be a lamentable thing indeed if the circumstance of the plaintiff being a poor woman, would debar her by the circumstances attending litigation from defending her case. The fact of its being a speculative case did not at all redound to the discredit of Mr. Mills and whether it was a speculative action or not, did not make the least difference. The question for the jury to decide was, whether there was an agreement on the part of Mr. Mills to make himself responsible for the loss of time and expenses; what, under the circumstances, would be a reasonable sum for Dr. Ellis to be paid; and, lastly, if they considered 10*l.* would be sufficient remuneration.

The jury then retired, and after a short absence from court, found "that there was a contract to pay for loss of time and travelling expenses." and a decree was given for 13*l.* 3s. An appeal against the decision was immediately lodged.

HORGAN v FLYNN.

In this case the plaintiff, Wm. C. Horgan, Esq, M.D., sued Nicholas Flynn, defendant in the case of Gibson *v.* Flynn, for his loss of time and expenses in attending as a witness.

Mr. Phillips attended for the plaintiff.

Owing to the absence of the plaintiff's attorney,

His Worship declined, in the absence of the responsible solicitor, to proceed with the case.

In answer to Mr Phillips,

His Worship said he would, if they desired, go on with the case; but in the event of his deciding against the plaintiff, there could be no appeal.

This course was then acceded to.

The business of the court commenced on Tuesday morning at 10 o'clock, and did not terminate until the same hour on Wednesday night.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 2nd inst.:—William Adolphus Frederick Bateman, Richmond, Surrey; Horatio Bate Goold, Gosport, Hants; John Prior Purvis, Blackheath, Kent; George Jenkyn Thomas, Haverfordwest; Matthew Trevan, St. Bartholomew's Hospital; Francis William Slow Wicksteed, St. Bartholomew's Hospital.

The following gentlemen also on the same day passed their first examination:—John Henry Ashton, St. Bartholomew's Hospital; Alfred Square Cook, St. Bartholomew's Hospital; Ralph Gooding, King's College; Paulin Martin, St. Bartholomew's Hospital; Thos. Claye Shaw, King's College; James Marc Taylor, Queen's College, Birmingham.

A Cinchona Plantation has been successfully formed on the northern hills of the island of Trinidad.

Small-pox and Measles in London.—There were forty-five fatal cases of small-pox in London last week, and fifty-one of measles. Both of these diseases are prevalent in the district of St. John's, Westminster.

Public Carriages for the Sick.—The Visiting Committee of the City of London Union has recommended that carriages for the conveyance of persons labouring under contagious diseases be lined with American cloth.

A New Instrument for the Ocular Examination of Strictures of the Urethra has been invented by M. Desormeaux, surgeon to the Necker Hospital at Paris, on the principle of the laryngoscope. It may also be used to inspect the nasal fossæ, the pharynx, or any other deep canal.

A Scalding Vapour Bath.—On Monday week Anna Maria Balmforth, aged seventeen, died from the effect of a vapour bath improperly given. A heated brick was placed in boiling water, the vapour from which so scalded her that she died in a few hours in great agony.

Cambridge: Tancred Studentship of Physic.—There will be at least one vacant studentship at Whitsuntide. The annual stipend is 100*l.*, and may be held until the degree of Bachelor of Medicine is attained, and for three years afterwards.

The Southampton Medical Society held its monthly meeting on the 7th ult., when Dr. J. Stevenson Bushnan, of Laverstock House Asylum, read a discourse "On the Proper Limits between the Empirical, the Rational, and the Empirico-Rational in Medicine." He described the controversy as existing from the earliest period of Medicine, and recapitulated the summary which Celsus had given; and after a concise and luminous description of empiricism as depending upon observation of single cases, which applied the same rule to all, and Rationalism, which, from largely extended observation educed the laws by which the treatment of disease ought to be governed, he contended that the real science of Medicine is in therapeutics, which includes the rules and principles applicable to the use of all remedial agents; that this science had by no means made great progress, so that the empirical in Medicine far exceeded the rational; and that this state of things was likely to continue for a long period. The address was well received, and secured to Dr. Bushnan the cordial approval of the Society.

APPOINTMENTS FOR THE WEEK.

Wednesday, April 15.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.

Thursday, April 16.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m.—Vesico-Vaginal Fistula, Ruptured Perineum, Fis- of Rectum; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor D. T. Ansted, "On the Relations of Geology with Allied Sciences;" Chemical Society, 8 p.m.—Messrs. W. H. Perkin and A. H. Church, "On Derivatives of Hophthylamine;" Harveian Society, 8 p.m.—Dr. Cock, "On Rickets, and the Connection of Laryngismus Stridulus, or False Croup, with that Disease."

Friday, April 17.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Royal Institution, 8 p.m.—Mr. Frank Buckland, "On the Culture of Fish;" Western Medical and Surgical Society of London, 8 p.m.—Practical Evening for the Narration of Cases and the Exhibition of Specimens.

Saturday, April 18.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Max Muller, "On the Science of Language;" Metropolitan Association of Medical Officers of Health, 7½ p.m.

Monday, April 20.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, April 21.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** It is requested that all communications for the Editor of this Journal may be addressed to the Office, No. 20 King William street, Strand, W.

We regret that want of space compels us to postpone Dr. Corfe's paper, as well as several Reviews and Reports of Medical Societies, until next week.

We have received the specimen of Pepsine Wine forwarded to us by Messrs. Morson and Son, who are the manufacturers of this article. It is, we understand, prepared from the gastric juice of the calf's stomach, and the process of converting it into a wine is founded upon the observations of Dr. Ellis, and others, that good white wine forms an excellent menstruum for Pepsine. We have tasted the preparation and find that it is rather agreeable with a faint degree of acidity. It is no doubt a very convenient method of administering Pepsine in those complaints in which its use is recommended.

Dr. Graily Hewitt.—The report has been received.

Mr. J. Williams.—Communication received.

A Parochial Surgeon will find that his wishes have been complied with.

Dr. F.—Assuming the statement which has been forwarded to us, to be correct, we are of opinion that Dr. E. was not justified in continuing his attendance on the case, when he was informed that another Medical man had already seen the patient. The practitioner who was first called in, ought to continue his visits, unless the patient should direct otherwise. Medical etiquette would certainly dictate such a course.

Weiss v. M'Kenzie.

To the Editor of the Medical Circular.

Sir,—In your report of the above trial, it is stated that the plaintiff, Martin Weiss, of the Jewish persuasion, styles himself Dr. Weiss, upon a diploma of Licentiate of Medicine granted by the Dublin University. I beg leave to inform you that the university named never conferred the diploma on that individual, simply because there is no such diploma granted by the university, and that no degree or diploma in medicine or surgery is conferred on any candidate until he has first graduated in Arts, that no member of the Jewish persuasion ever graduated either in Arts or Medicine, in the Dublin University, and that the name of Martin Weiss does not appear in the 'Medical Register' for 1863. I am, Sir,

An Irish General Medical Practitioner.

Dr. Corfe's paper has been received.

Mr. R. H. S. Carpenter.—It is a grave defect in our laws that such rank imposition should be allowed to go unpunished.

Dr. W. C. Horgan.—The newspaper has been received.

A Solicitor.—We entirely agree in the opinion you have expressed.

W.—It can be obtained at Grossmith's, in Fleet street. We know nothing of the other instrument mentioned in our Correspondent's note.

Mr. A. Boyer Brown.—The notice has been received.

Mr. R. Hamilton will see that we have complied with his wishes.

Senex.—There is no law against such a proceeding, but its propriety may be questionable.

Mr. R. H. S. Carpenter's letter shall appear in our next number.

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LEARNED SOCIETIES.

Academy of Sciences.—Dr. Kœberlé, of Strasbourg, who twice already has successfully performed ovarian excision, forwarded to the Academy the particulars of two recent cases, in which he has had recourse to this formidable operation with equally felicitous results.

"In my third operation," says the author, "I had to contend with extraordinary and unexpected difficulties, which, however, I had the good fortune to overcome. Finding it impossible to eradicate the entire tumour, I was compelled to remove a portion only, and to surround the basis with a loop of metallic wire, which was gradually tightened, and finally induced the mortification of the remaining segment. After its elimination, I had to deal with an extensive cavity in full suppuration, and the external aperture was kept open for two entire months, until perfect cicatrisation was effected. The operation was performed on the 4th of December, 1862, and the patient, a young woman aged twenty-one, had for eleven months suffered from the very rapid increase of a plurilocular ovarian cyst. The growth was free from adhesion to the abdominal walls, but presented numerous attachments to the mesentery and omentum, and was, moreover, closely connected with the womb, and the other pelvic viscera. No alarming symptoms of peritonitis supervened, but between the eleventh and the thirteenth day, danger arose from the temporary discontinuance of the lotions of sulphate of iron. Although the abdominal wound is not yet entirely closed, the patient may be looked upon as completely cured, her general condition being, in every respect, satisfactory.

"The fourth operation was performed on the 20th of December, 1862, in the case of a girl, aged twen y-three, in whom a multilocular cyst had been repeatedly tapped at gradually shorter intervals. A complete cure was apparently effected as early as the tenth day, when secondary hæmorrhage from the ovarian artery occurred, both externally and internally, in consequence of the tension of the pedicle which had been secured in the lower angle of the scar. The hæmorrhage was checked by methodical pressure for a period of thirty-six hours, but recurred together with symptoms of peritonitis. Under these circumstances hesitation would have been a fatal mistake; I therefore lacerated the inferior part of the cicatrix, and detached the pedicle; the ovarian artery was then secured with a forceps, which was left *in situ*, and the coagula, which emitted a distinct ammoniacal odour, were removed from the abdominal cavity. On the 24th day the patient was able to leave her bed, and on the 20th of January (the thirty-second day after the operation), she was completely recovered. The cure was therefore delayed but a few days by the hæmorrhage and its consequences."

— A paper was then read on the curative properties of styrax and copaiva in croup and diphtheria.

The author, Mr. Trideau, of Andouillé (Mayenne), stated that in a recent and most murderous epidemic of diphtheria, which carried off between two and three hundred persons in the district of Chaillant, near Laval, he prescribed copaiva and styrax, substances calculated to modify powerfully the morbid condition of mucous surfaces. Good effects immediately followed the exhibition of these remedial agents, and Mr. Trideau had the good fortune to cure five cases of croup, and forty of diphtheritic angina. "In general," says he, "the amendment was obvious in the course of twenty-four hours, and a cure followed in five or six days."

Mr. Trideau administers the copaiva in the form of a syrup, or solidified with magnesia. He also uses the syrup of styrax as described in the official Codex. The dose for adults is a table-spoonful, and for children under six years of age, a teaspoonful every second hour. In serious cases two enemas are also prescribed in the course of the day, each containing one drachm of the balsam. Copaiva is, in general, easily borne by the stomach; it is rejected when the disease is conquered, and may then be discontinued.

Academy of Medicine.—Mr. Jules Cloquet presented a communication from Mr. Grimaud (of Caux) on the subject which at present engages the attention of the Academy.

Mr. Grimaud, an extremely intelligent practitioner, perfectly conversant with the question, thinks that the term *public waters* should be substituted for the denomination *drinkable waters*, which has hitherto been used. The problem under consideration does not refer merely to water fit for consumption, but to water applicable to all domestic uses. This distinction is of some importance. Thus, says the author, if *drinkable* water alone is referred to, the Academy has no standard to judge by, and differences of habit and taste must lead to interminable discussion. But if water appropriate to all domestic uses is the subject, the properties required for such uses supply the necessary data for the determination of the nature, and the appreciation of the qualities desirable in water.

Now it so happens that the water most appropriate to all uses is precisely that which constitutes the most wholesome beverage, a statement which cannot be controverted.

Whatever its source, water has but one origin, the clouds; whether drawn from a well, or taken from the bed of a river, its positive and only origin is rain. In this respect it is absolutely impossible to establish differences: rain-water is ever and everywhere the same. Differences arise when rain-water having percolated through the soil, oozes out in a locality less elevated than that on which it fell, and is modified in its composition by the various elements it dissolves in its underground passage.

In order to estimate these differences, it is obviously necessary to agree as to the original composition, and the essential constituents of rain-water.

Physically, rain is the result of the evaporation of water from the surface of the earth, a procedure imitated by the chemist in the process of distillation.

Chemically, rain-water consists, as Lavoisier has shown, of 85 parts of oxygen and 16 of hydrogen (by weight).

This is therefore the original composition of water, the natural standard to which every kind of water must be referred.

This is the prototype water of the chemist, of which Professor Dumas, after fifty experiments, each of twenty hours' duration, succeeded in producing about two pints.

It is also the water of the hygienist.

This, the standard fluid, is applicable to every domestic use, and to the arts and manufactures without any exception whatever. It would be impossible to mention any use for which rain or distilled water is unfit. It may perhaps be objected that water lies heavy on the stomach, and is improper for human consumption.

But observe, says Mr. Grimaud; the remark is correct if distilled water is consumed as a beverage immediately after distillation, before it has had time to absorb air, for which all wholesome water has considerable affinity, although some persons readily accustom themselves to its use. But it is otherwise when it has been aerated, or has received the addition of an aromatic, nutritious, sweet, bitter, or acid ingredient, or of any tonic element.

In several parts of the world, water is never drunk without having been previously boiled. Thus in China, it is used in the shape of an infusion of tea-leaves, and the Dutch follow this example.

Were I to enter into further particulars, I might easily show that water is but an excipient and a solvent, and that for this purpose, it must be neutral.

Starting from this principle, in harmony, with scientific evidence which is never in contradiction with nature, differences may be established which lead to a rational classification of waters, according to the predominance of the mineral, fixed or gaseous ingredients supplied by the soil through which or over which the liquid has passed.

Hence two direct consequences.

In the first place, with the exception of rain water, all waters are more or less mineralised. In the second place, in the estimation of the properties of any peculiar water, its origin from a river or a spring is a matter of indifference, its elementary composition alone requires attention, and its value must be decided by its purity. The assistance of chemistry is here inestimable, although it does not supply us with all the knowledge desirable. Practically, the properties of the organic

and mineral ingredients must be the object of consideration, and these are best evinced by the physical and moral characteristics of the mass of individuals who exclusively use for their consumption the water submitted for examination.

— Mr. Delpech, a candidate for the vacant seat in the section of hygiene, read a paper on *the influence of measles in the Porcine race, on public and private hygiene.*

This memoir was listened to with much interest, and the following is a brief abstract of the author's remarks :—

The measles of swine consist in the development of vesicular parasites (cysticerci), in the body of these animals, and especially in their muscular textures. These are but the scolices or larvæ of the *tænia solium*, and when admitted into the digestive organs of the human subject, in a raw or insufficiently cooked condition, are the most frequent, if not the only cause of tape-worm.

The observations of Mr. Weisse (of Petersburg) on raw beef, and the interesting remarks collected from the reports of our army surgeons on the endemic character of tænia in Algeria, require further investigation, which the author is now engaged in, and seem to point to another origin of tape-worm.

Cysticerci cannot outlive protracted exposure to a temperature of 212 deg., and the meat in which they are included, although of difficult digestion, loses its injurious properties.

They seldom, if ever, are found in adipose tissue, except on its surface, and in the intervals which separate it from other textures.

Measly pork boiled under supervision, in special rooms adjacent to the slaughter-houses, might therefore be supplied to the public, and the sale of the melted and sifted fat might also be permitted without risk.

The cysticerci of the Porcine race arise from the ingestion of isolated ova of tænia solium, or of the cucurbitive worms to be found in the human excrement, but may in all probability be also the result of hereditary transmission from the sow to her litter. The measly condition of the animals originates in the first place in inattention to cleanliness, and it would be desirable that the fact were officially made known by the municipal authorities, and the boards of health, to the persons engaged in the pork trade.

During life, the signs of measles in the pig are obscure and doubtful ; the only pathognomonic of a conclusive character is the presence of the sublingualv esicles, but these are not to be found in all cases. They may fail from peculiar circumstances, or from fraudulent practices detrimental to the purchaser, for when the measly condition of the animal is detected, the meat is confiscated by the authorities, and a severe loss is thus entailed on the vender.

The author therefore conceives that measles in the pig should be classed with other latent defects of a nature to set aside the contract of sale, and the loss should be borne, not by the tradesman or pork-butcher, who was ignorant of the diseased condition of the animal he purchased, but by the breeder who is the guilty party. Greater honesty would thus be enforced in the dealings of persons engaged in the trade, and in consequence of the increased attention of the breeder, whose interest it will become to rear none but sound pigs, a rapid diminution of the disease must necessarily follow.

It is possible even now to foretell with certainty that these desirable results will be effected, when the notable decrease of the frequency of measles in the Porcine race, observable since the adoption of a more enlightened view of the subject, is taken into consideration.

— The Academy then returned to the debate on drinkable waters. Messrs. Châtin and Boudet addressed the meeting, and we have given a summary of the latter gentleman's remarks. Mr. Châtin took this opportunity of again bringing forward his theory of the origin of bronchocele, and laid much stress on the importance, indeed on the absolute necessity of the presence of iodine in both air and water.

"The best, the lightest, and most aerated water," said Mr. Châtin, "is rain water, a fact demonstrated by the perfect health of the inhabitants of those districts in which it is exclusively used, and who are never liable to goître or to cretinism.

Spring water varies much according to the nature of the soil through which it has percolated, and from which it arises. Hence it is sometimes excellent and sometimes unfit for use, and can neither be rejected nor adopted in a general and exclusive manner.

River-water differs from the water supplied by springs, by its admixture with rain. In this circumstance, and to a considerable absorption of air, it is indebted for its good qualities.

Mr. Châtin then expatiated on the connection of goître and cretinism with the nature of waters, and described the geographical peculiarities of bronchocèle, which displays an unvarying dependence of the number of cases of goître, on the chemical composition of the waters, and especially on the presence or absence of iodine as an ingredient

The learned member criticised the various theories propounded on the pathology of goître by Messrs. Grange, Boussingault, and Bouchardat, and more particularly controverted the views of the last-named author, as to the influence of organic matter on the production of the disease. In support of his argument, he adduced this remarkable fact, that the inhabitants of the Valais, amongst whom goître and cretinism are so notoriously prevalent, use almost exclusively the waters of the glaciers, which are perfectly pure and entirely free from all organic matter, whereas, on the contrary, the inhabitants of turfy valleys, who consume water loaded with organic deposits, enjoy entire immunity from bronchocele.

Hence, remarked Mr. Châtin, in conclusion, the best, the only preventive treatment of goître, is to use water naturally or artificially iodized.

Mr. Boudet addressed the Academy, after Mr. Châtin, and his observations, as we stated in our leading article, were received with marked favour.

The Medical Circular.

"ANGINA PECTORIS" *v.* "FATTY DEGENERATION OF THE HEART."

To the Editor of the Medical Circular.

SIR,—Should you consider that the publication of the five following cases will tend to throw additional light upon the diagnostic marks of the above diseases, and settle, in any measure, the "Quæstio Vexata" in Pathology whether they are identical, you are at liberty to use them for that purpose.

I am, Sir, your obedient servant,
GEORGE CORFE, M.D., M.R.C.P. Lond.
Physician to the Western General Dispensary.
9 Nottingham Terrace, Regent's park, N.W.
April 3, 1863.

CASE 1.—Ambrose, G., carpenter, short, square built frame, æt. forty-four, consulted me for an aggravated form of dyspepsia, accompanied with attacks of breathlessness, and distressing fulness across the chest, without pain, not aggravated nor induced by exertion or by work. Bowels were sluggish ; his nights restless and wakeful, with uncomfortable dreams ; the heart's sounds were feeble, distant, and sometimes its action very excited without any apparent cause. There was much depression of mind, and occasionally attacks of dyspnœa, simulating slight asthma, for which he had been treated by one or more practitioners. The treatment consisted in covering the heart's surface with a belladonna plaster, and he was ordered sulphate of zinc, with cinchonine and extract of hops three times daily ; with a diet of light solids, avoiding all fermented liquor, and myllaceous food.

Under this plan he rallied so far as to venture to go early to his usual work. On one occasion, in the month of January (the morning was raw and cold), he had taken only a cup of coffee, when he became giddy, complained of breathlessness, reeled on to the bed, sighed heavily, and died within fifteen minutes of the attack.

A post-mortem examination was made twenty-eight hours afterwards. Every organ in the three cavities was healthy except the heart. This viscus was without the usual "rigor mortis," natural in size, but, over the right ventricular surface that peculiar fawn-coloured alteration from the healthy hue of the organ, so characteristic of fatty degeneration, was strikingly manifest. The cavities contained imperfectly coagulated, darkish blood, and they were all dilated. The left ventricle collapsed, somewhat, on being opened, just as the right does in a healthy state, and through the whole texture of both, under a microscopical view of sections from

these parts, the substitution of oil globules for the bands of muscular fibre was very marked. The valves and arteries were perfectly healthy throughout.

The second fatal case was even more sudden than the above.

A stout, well-formed navigator, forty-eight years of age, was working in an adjoining street during the month of November. He had been in good health, so the wife stated, and up to the hour of his seizure, had made no complaint of illness, except a slight pain over the epigastrium, which he resolved to "work off." He commenced after breakfast (8.30), and continued to work on until 10.30, when he was observed to reel, fall, and was carried to a house, where I saw him within ten minutes of the seizure, but death had preceded me; there was no contortion of the features, and no evidence of effusion within the skull. In a medico-legal point of view there was a most important sequence to this fatal seizure. As the deceased had made his first complaint of pain at the stomach immediately *after* a breakfast of milk porridge prepared by his wife, the inference was that some poisonous substance had been administered to him, and suspicion fell upon the poor woman. This view of the case compelled us to investigate the whole body with unusual scrutiny, in which we were aided, at the Coroner's order, by a Professor of Chemistry, who carefully analysed the contents of the stomach for arsenious-hydrocyanic and oxalic acids, as well as for the salts of lead, mercury, &c., but not a trace of either of these poisons was found. The contents of the head and thorax were healthy, except the heart. On handling this organ it communicated the feeling of a mass of dough; there was no "rigor mortis." Its chambers contained dark venous blood; its cavities were dilated; and the left, when laid open, collapsed just as the right. The auriculo-ventricular opening on this side (right) admitted four fingers to their second joints, and the ostium ventriculi was pouch-like in form. The left ventricle was dilated to half its normal capacity. Its texture was soft, flabby, and friable under the fingers, pale in colour, and when viewed under the microscope, this paleness was observed to arise from an infinite number of oil globules, so that the striated character of the muscular bands was wholly obliterated by their presence. There were also masses of isolated fat cells. As is usually the case in sudden death at the heart, the mucous membranes of the bronchi and alimentary canal were singularly ecchymosed and vascular. On the lesser arch of the stomach, over a space the size of the palm of the hand, was a patch of gorged vessels, as though the surface had been irritated by some corrosive substance. In the second portion of the duodenum as well as in the jejunum and ilium several other spots of a similar character were noticed, especially one in the former bowel the size of a crown-piece, on which the mucous membrane was so deeply ecchymosed as to stagger one's mind in the belief that no irritant had roused the morbid appearance. But to those who have had frequent opportunities of examining all forms of cases of sudden death, such highly suspicious marks in the alimentary canal is familiarly known as the result of congestion "in articulo mortis." It should be observed also that the lacteals were full of chyle, and the pancreas had some effusion of blood into its texture. Similar post-mortem appearances in the stomach, &c., occur in case 1, in Dr. L. Ormerod's collection.

The two remaining cases are still under treatment:

Mr. S., æt. fifty, an usher, five feet ten inches in height, florid healthy aspect, large features, and bony frame. Mother died at eighty-two; father, of obstruction in the bowels, at forty-four. Has suffered for six or seven years past from sudden hemicrania on the left side for a whole day, without vertigo or stupor; the attacks occur two or three times a month, and are invariably accompanied with pain under the heart. The feeling is described as a fullness around the base of the organ rather than acute sense of pain, without great breathlessness, except in the attacks about to be described. Three sisters have all a tendency to pain around the heart, and one died at sixty-one, with an obscure disease of this organ not recognised before death.

The action of the heart was not rhythmical, but diffused. The aortic sounds were loudest at the right sterno-clavicular articulation, weaker over its ventricle. The systole was feeble, with an increased diastolic "clack;" there was no "bruit."

On one of his subsequent visits to me, he had walked slowly half a mile, and soon after he entered the room he informed me that a fit was coming on. His face became pale, as in syncope, without any alarm or deathly trait in the features. His pulse, which had always varied from 76 to 82, now rose to 100; he was laid flat on the ground, the whole body soon broke out into a profuse warm perspiration, the pulse, in another minute, had gone up to 110, the heart beat with equal steady force, and was regular in rhythm. In five or seven minutes he begged to get up, saying the fit was gone off. The heart gradually returned to its normal beats. He now complained of intense formication of the whole skin, and especially of numbness and tingling over the occiput and left temple. He was perfectly conscious throughout, and described his feelings most calmly.

Having witnessed more than one of these attacks, the conclusion was inevitable—viz., that not only was there an imperfectly nourished heart from fatty degeneration of its walls, but that some organic mischief was already set up (atheromatous deposits probably) at the mouth of the coronary arteries, and at the top of the aortic arch.

He has greatly improved under a tonic line of treatment, in which sulphate of zinc and an occasional addition of half grain of sulphate of iron have been the chief agents. No morbid appearance was observed in the urine. Bowels were tolerably active.

The fourth case is that of Mrs. C. R., æt. forty-one, mother of six children, the last, three years ago, which she nursed sixteen months. A palish, cachectic physiognomy, whole skin soft, without the warm glow or hue of health and of vigour. Before weaning the last child, was occasionally subject to "odd feelings" in her head, with swimming, as though she was bilious, for which she had recourse to an aperient pill, with slight relief. Latterly these feelings have been attended with some general uneasiness, a sort of oppression around the base of the heart. Wakeful nights, restless in sleep from disagreeable dreams, and great depression of spirits. The distress about the heart will now come on in attempting to run up stairs quickly, or in ascending a hill, or even from any sudden mental emotion. There is an extensive systolic sound, which is sharp, though the impulse is not proportionably increased. Pulse 100. No marked increase of the organ can be detected by percussion. There is no bruit. Urine clear, no albumen.

Two days after the usual appearance of the catamenia, she was seized with a severe attack which I witnessed throughout, as also a similar one on another occasion, they were both identical in character. The first was between dinner and tea p.m., the second after taking a cup of coffee a.m. The seizure was ushered in with a coldness of the hands and feet, slight thirst, and a sense of indescribable exhaustion, as if death must come on; in a few seconds she was seized with a distressing sense of breathlessness, and yet without pain of any acute nature, but rather oppression around the base of the heart. At the onset, the heart's throbs were 100, then 108, and by desiring her to take a deep inspiration and hold her breath, they rose to 112 and 116. During these moments the heart struggled with increased sound and impulse. Brandy and chlorodyne were administered with great relief, and the latter applied over the præcordia by means of cotton wool. The attacks went off in the space of an hour, but it was not until the third day that her usual feelings of comfort returned, and then the pulse was found, as heretofore, at 80, with a steady, firm, though weak action. She is now deriving much benefit from the use of the valerianate of quinine. She does not leave her bed for many hours after a seizure, as she apprehends the dread of death would again seize her.

It sometimes happens that the disease may relieve itself by a copious elimination of lithic acid, as in the following instance, where no doubt fat had also accumulated around the heart.

Mr. Thos. Cox, æt. thirty-six. Foreman in a house of business. For seven years past has been gradully increasing in size. From fourteen stone he now weighs eighteen stone. The last three years has quite lost his health, though he has lived most carefully Frontal pain, not constant. Muscæ volitantes always yellow in colour; vertigo, and with it there is always an intensity of pain and increase of muscæ. Perspires profusely on the least exertion, especially at night. Appetite bad, urine thick, but clears by heat; no albumen. Great depression of spirits. Cardiac sounds normal, not extensive, but rather weak in systolic impulse. Respiration normal; sleeps well, but dreams of most unpleasant affairs in his business. Pupils dilated. Was ordered a diuretic mixture containing nitrate of potash and spirits of nitric æther, which was continued one week, when he was put under the influence of citrate of iron, previous to which he had been attacked only once, and that whilst fasting, it went off after his dinner and a short rest. When he commenced the chalybeate, copious deposits of pure lithic acid came away for more than a week, so that he collected a scruple in three or four days, and half as much more was lost. His improvement now became very marked, he grew less in weight every week, his spirits were good, his sleep refreshing, and he has continued to enjoy tolerable health ever since.

In considering the general character of the patients who are suspected to be the subjects of simple fatty degeneration of the heart, too much stress must not be laid on the fatness or leanness of the body, but rather whether they represent a healthy fulness or more or less pallor of the face and skin generally, and whether they had become fatter or thinner in a marked degree, co-existent with their notice of cardiac distress. In short, our enquiry should be limited thus, is this fatty degeneration of the heart only one evidence of general disintegration of tissues throughout the body? or is it a disease of the organ itself essentially? In the larger number of cases where the disease has been accompanied by valvular and arterial changes, the cardiac degeneration has been only an expression of general decay. In the instances (still fewer in number than the former it is granted) the disease is purely one independent of any other organic change, and is not connected either with structural changes in the valvular apparatus, or in the nutrient arteries of the organ.

The instance quoted from Dr. Latham by Dr. Watson, vol. 2, p. 286, is a marked example of the former, viz., "angina pectoris, with fatty degeneration." The case of Lord Geo. Bentinck, published by me in the 'Medical Times,' Dec. 1848.

Case 1 ("P. H.") by Dr. L. Ormerod, 'Medical Gazette,' 1849, and the two fatal cases now under our notice, are unequivocal instances of cardiac degeneration, without other structural changes.

The able researches of Rokitansky (*a*), Paget (*b*), Latham (*c*), Quain (*d*), Ormerod (*e*), &c., &c., have fully established the pathology of fatty degeneration, whilst the "syncope anginosa," "angina pectoris," or "the breast pang," of Heberden, Parry, and Jenner, was demonstrated 50 years ago as a disease of the nutrient arteries of the organ, with more or less valvular and endocardiac thickening.

We must, however, view the degeneration of an organ under a twofold aspect. 1st. Atrophy, from a non-renewal of those materials which are wasted by functional use. 2nd. A substitute of fat for muscle, constituting true fatty degeneration. The first morbid action may occur independent of the second; but the latter never exists without the co-existence of the former. Angina pectoris has been always acknowledged as a disease of advanced life, whilst the numerous fatal instances of fatty degeneration, before the great climacteric period of life, have rendered it necessary to take a more scrutinising survey of the whole number of cases.

	Were above 50 years	Were below 50 years
Thus of 84 (*f*)	72	12
„ 25 (*g*)	7	18
„ 84 (*h*)	40	44
193	119	74

Of the 119, the authors give the pathology, viz., more or less valvular and arterial disease of the organ with fatty degeneration; of the 74, no disease whatever of the valves or of the arteries is recorded, but simple fatty degeneration of the walls on one or both sides.

Notwithstanding the allowed insidious nature of angina pectoris, and the obscure character of fatty degeneration as an independent disease, yet there are oftentimes certain negative evidences in the one, and positive symptoms in the other, which will point out, in the majority of instances, the distinction of the two forms of disease. We will tabulate these distinctions summarily, though they are not insisted upon in all their details.

In Angina Pectoris, from Arterial Disease, &c.

1. The average age is 60, or beyond the climacteric period. } Watson, Latham, Forbes, Quain.
2. The attack is acutely painful, but there is often no dyspnœa.
3. The health is not otherwise disturbed, there may be no dyspepsia, and the frame is often robust, arcus senilis more common.
4. A slow, even, rhythmical heart, not irritable, with or without morbid sounds, average beats sixty-six.
5. Neuralgia in the left shoulder, deltoid, &c., running the course of the ulnar nerve.
6. Activity of mind and body when free from pain.
7. A healthy physiognomy, and free cutaneous circulation.
8. Attacks do not often occur in the recumbent posture, or from mental anxiety, but from exertion of body.
9. The attacks pass off and leave the patient as well as usual.
10. The morbid changes are in the nutrient arteries, primarily, and in the valvular apparatus, including the endocardium, with or without atrophy of the walls.
11. These changes are the conjoint results of inflammatory action of the endocardium, and of deposits (atheromatosus, &c.), on the arteries and valvular edges.
12. Atrophy of the muscular walls, when present, is the result of imperfect nutrition of the organ, it is not, therefore, an independent disease. There may be no great flabbiness or marked paleness of texture.

In Fatty Degeneration Unmixed with Arterial or Valvular Disease.

1. The average age is fifty, (*i*) or before the great climacteric period.
2. The attacks are painless, though there is alarming breathlessness.
3. Dyspepsia, sluggish bowels, arcus senilis not common, general sickliness of aspect, the frame not so robust as formerly.
4. A slow but most irritable heart, varying from 60 to 110 when excited. Deep inspiration, long held, increases instead of lowering the excitement. No bruit.
5. No neuralgia; frequent uncontrollable fits of yawning, sighing, &c., especially on any slight demand on the vital powers, as by too long abstinence, &c.
6. Tendency to unusual listlessness of mind and inactivity of body.
7. Physiognomy pale and sickly; circulation in extremities feeble; coldness of surface, &c.
8. Attacks will occur in bed, or from anxiety or worry of mind, as well as from exertion of body. Excitement from coition, menstruation, or straining, will induce them.
9. The attacks do not pass off under some hours, and leave the patient depressed and exhausted.
10. The morbid changes are independent of valvular or arterial diseases, and refer only to the substitution of oil globules in distinct fat cells for muscular fibre; microscopically, they are seen most numerous about the centre of the fibril, just beneath the endocardium of (1st) the right, and (2nd) the left ventricle, where they often quite supplant the striated muscular bands
11. These changes are irrespective of inflammatory action, and may be viewed as an expression of general "cachexia," commencing at the heart.
12. Fatty degeneration is an independent disease, unconnected with valvular or arterial changes in the organ, which is devoid of "rigor mortis," loose, flabby, and more or less pale in structure.

(*a*) Anat. Pathol. Bd. ii.
(*b*) Lectures on Nutrition.
(*c*) Clinical Lectures on Diseases of the Heart.
(*d*) Medico Chirurgical Transactions, vol. 33.
(*e*) London Medical Gazette, 1847.
(*f*) Sir J. Forbes' cases.
(*g*) Dr. L'Ormerod's cases.
(*h*) Dr. Quain's cases.
(*i*) Ormerod puts it at forty-six.

PREVALENCE OF SMALL-POX.

A meeting of the Medical Officers' Association was held on Saturday evening at Whitehall; Dr. Thomson, of Marylebone, in the chair.

Dr. Sanderson called attention to the alarming increase, of small-pox, and the necessity for urgent measures to remove the evil. The Medical Department of the Privy Council had taken on the question, but it was necessary for the medical officers to do something for a speedy and effectual remedy. A great difficulty in his own district of Paddington was the removal of patients, for the small-pox and other hospitals could not meet the exigencies of the present epidemic. It would be well to appoint a committee on the question.

Dr. Aldis, of Belgravia, would second any proposition to that effect, for though in his own district measures had been adopted to isolate small-pox cases in the workhouse by separate wards, most parishes had not such places.

Dr. Burge, of Fulham, confirmed the necessity for doing something, inasmuch as small-pox was spreading in the western suburb. He had addressed a letter to the board of guardians, who had appointed a special meeting to consider what was best to be done He had suggested the establishment of a separate building for small pox, and indeed any epidemical disease. It was very improper to take such patients to a suburban workhouse much more to a London workhouse, and he hoped all unions would take the subject into consideration. In Fulham there were old barns, or rows of cottages, which might be made into temporary hospitals for small-pox, anywhere rather than in a workhouse or amongst healthy persons.

The Chairman said that Marylebone had done something in this way by apportioning a detached part of the workhouse premises, with a separate entrance for cases not admitted into the Small-pox Hospital. He believed guardians and vestrymen, as public bodies, were desirous of doing all they could for the benefit of the public; and he believed the medical officers would receive like credit, especially on a subject like that now under discussion. There had been a large number of cases in Marylebone.

Dr. Buchanan observed that the Privy Council had instructed him to obtain information on this subject, and, as he would have to visit the metropolitan unions, he would esteem it a favour if the medical men would aid him in this duty. He quite approved of supplementary hospitals suggested by Dr. Burge.

Dr. Sanderson moved, and Dr. Aldis seconded: "That it be referred to the Committee of General Purposes to report on the present prevalence of small-pox, on the best means of providing for the conveyance and reception of patients affected with small-pox, and to draw up a series of practical recommendations to be addressed to the vestries and district boards of the metropolis on the subject, and to submit their report to a special meeting of the association, to be convened for the purpose as soon as possible."

The motion was carried unanimously.

St. Thomas's Hospital.—There is a vacancy in the surgical staff of this institution, occasioned by the resignation, on Saturday last, of Mr. John Flint South, after a connexion of half a century as pupil and surgeon at the hospital, of which charity he is about to be made a life governor. Mr. South is still a member of the Court of Examiners of the Royal College of Surgeons of England, where he has twice filled the presidents chair.

REVIEW OF THE PERIODICALS.

The 'British Medical Journal.' Dr. Lionel Beale, who is at present engaged in a kind of triangular duel with Dr. Chambers' and Dr. Hughes Bennett, adduces some facts and arguments against the Theory of Organisation advanced by the latter. The points in question seem rather to involve verbal definitions than scientific facts, and the discussion has, therefore, not much attraction for the medical reader. Mr. Thomas Bryant continues his interesting lectures on the "Surgical Diseases of Children," the present lecture being on the Malformations of the Anus and Lower Bowel. He divides these cases into two classes, in the first of which the anus is closed or absent altogether, and in the second, the anus exists in its natural condition, but opens into a *cul-de-sac*, the rectum being partially or wholly deficient. In the first class of cases, the best treatment is to make an incision in the place where the anus should be naturally placed, and to endeavour to reach the bowel. In the second class, the bowel may be opened in the left loin by what is called Callisen's or Amussat's operation, or in the left groin by what is called Littre's operation, Mr. Bryant preferring the latter. Out of fourteen instances in which it was performed, nine recovered, while only two out of seven recovered after Callisen's, or the lumbar operation. Dr. Copeman of Norwich, relates some cases showing the necessity of making careful vaginal examinations and inspection of clots in hæmorrhage after abortion, and he shows that in some very dangerous attacks of hæmorrhage to which he was called, the continued presence of the ovum or of the placenta had been overlooked. On their, removal the patients recovered. Mr. Hugh Norris contributes what he terms a puzzling case and a warning, the patient being a woman with prolapsus uteri and retroflexion of that organ. Although he suspected pregnancy, many of the signs of that condition were absent, and he passed a uterine sound into the womb but in a day or two afterwards a four months' fœtus made its appearance. Mr. Norris thinks that the abortion would have occurred even if the sound had not been passed, owing to the great displacement of the uterus.

The 'American Medical Times.' The number commences with a lecture on "Diseases of the Eye," by Dr. Henry D. Noyes, who describes the anatomy and physiology of the eyelids, and some of the morbid conditions observed in them, particularly paralysis of the orbicularis muscle, or lagophthalmos, and ptosis or paralysis of the levator palpebræ superioris. Dr. Henry B. Sands relates three cases of Strangulated Hernia, in which the operation was performed without opening the sac, a proceeding which has hitherto, it seems, found very little favour in America. All the cases were successful, and Dr. Sands recommends the adoption of this operation to his countrymen, especially when it can be performed early. Dr. John Swinburne gives some rules as to amputations, defining the circumstances under which they are to be performed, or are not required to be performed, in Military Surgery. On the important subject of the treatment of compound and comminuted fracture of the thigh from gunshot injuries, Dr. Swinburne prefers treating such cases as ordinary compound fractures to the performance of amputation. In another part of the journal it is stated that typhus and typhoid fevers are prevalent in the Federal army, and in many military and civil hospitals. In many instances the fever seems to be purely typhus, and very contagious, many of the medical attendants of the sick having fallen ill and died of the disease. The leading article is on abortion, which appears to be very prevalent in the American States, and it is alleged that its criminal induction is regarded with considerable indifference. The Editor remarks that there are American physicians who sanction rather than discountenance this crime, and although they object to employ means for procuring abortion, they yet suggest the means by which it may be accomplished. Another class of medical men, he remarks, standing on the boundary between legitimate medicine and quackery, both advocate and practise abortion, and assuming a sanctimonious air and clerical dress pursue their disreputable calling under this specious guise. These persons are said to be found in the most respectable medical circles, and to make their professional associations subservient to their base purposes.

The 'Lancet.' Professor Huxley continues his course on the "Structure and Development of the Vertebrate Skeleton," the present lecture being on the analogy existing between the human skull and that of the pike, the embryonic conditions of both being the same, although they become afterwards very extensively modified as the body of each proceeds in its development. Dr. W. T. Gairdner, who has lately been appointed Professor of the Practice of Physic in the University of Glasgow, offers some "Clinical Observations on Some Cases observed in the Glasgow Royal Infirmary." The present discourse is upon Fever, of which there are many cases in the Infirmary, both typhus and typhoid, or enteric, as Dr. Gairdner prefers to call it. Persons suffering from the latter are separated as much as possible from the typhus cases, because those who have passed through enteric fever are not less susceptible of the poison of typhus than healthy persons. Among the peculiarities observed in some of the cases of fever, there was an instance of vomiting and purging of blood (hæmatemersis and melæna) in a patient who had typhus, and in another case of typhus there was partial paralysis of the left portio dura. Mr. Charles Bader, Ophthalmic Assistant-Surgeon to Guy's Hospital, offers a short note on Dr. H. Snellen's test-types for ascertainining the acuteness of sight. These types are said to furnish means superior to those hitherto in use for ascertaining exactly the degree of impairment in the functiou of the eye.

The 'Medical Times and Gazette.' Professor Huxley continues his course on "Classification," and in the present lecture he passes in rapid review the acanthocephala, a class of vermiform parasites, the annelida, comprising the leech, the earth-worm, the serpula, &c., the crustacea, as the lobster and crab, the arachnida or the spiders, the myriapoda, or millepedes, and the insecta. The lecture is accompanied by elaborate illustrations, exhibiting the internal anatomy of these various tribes. Dr. W. O. Priestley, whose convalescence from his late serious illness we are happy to announce, gives a clinical lecture on "Menorrhagia, depending on Morbid Changes in the Ovaries,' and he illustrates his observations by the details of two cases of painful and excessive hæmorrhage from the uterus. There is then a continuation of the account of the interesting physiological researches made by the Rev. Prof. Haughton, M.D., of Trin. Coll., Dublin. The professor here compares the amount of bodily or mental work performed by man, and the quantity of urea and carbonic acid excreted from his system. It is found that the minimum excretion of urea absolutely indispensable to health is two grains per pound weight of the individual, the excretiou of a less quantity entailing uræmia or ammoniæmia. It is also shown by exact calculations that mechanical labour causes less excretion of urea than mental exertion, and hence the reason why those who work with their brains require more food than those who are employed only in manual or routine bodily labour. Dr. John W. Cousins communicates a case of remarkably prolonged and profound sleep. The subject was a farmer who, without exhibiting any ordinary indications of disease, has occasionally slept three days and four days without waking, the average time being two days, but on one occasion he slept for five days and five nights. He is usually awake about four or five hours out of forty-eight. Mr. F. Bainbridge gives some brief notes of two interesting cases of "Vesico-Intestinal Fistula," in the first of which the undigested food passed into the urine, and in the second the urine was fæculent. Both cases were eventually fatal, and in the first case it was found that an opening existed between the ileum and the bladder. In the second, which terminated in rapid peritonitis, no post-mortem examination appears to have been made.

THE MEDICAL CIRCULAR.

WEDNESDAY, APRIL 22, 1863.

THE CASE OF BROMWICH *v.* WATERS.

The late action for seduction tried at Chester is far too important to be allowed to lapse into obscurity, and we are happy to find that it has already excited a profound interest, not only with the Medical Profession, but also with a considerable portion of the public, especially among those to whom Dr. Waters is personally known. Last week, a large and important meeting of Medical men was held at the Infirmary in Chester, having for its objects the expression of general sympathy with Dr. Waters, and the promotion of a subscription to present him with a substantial testimonial of esteem. On the same evening when the Medical meeting was held, another meeting of a more public character was convened at Chester, having the same objects in view. It was suggested that a general subscription should be entered into, which might express the sense entertained of the merits of Dr. Waters by the Profession and the public, and might at the same time evince the general desire of putting down, by means of united efforts, the odious attempts made to injure Medical men by atrocious calumnies.

Of all the actions ever brought into a Court of Justice, perhaps, the case of Bromwich *v.* Waters is the very worst. We can conceive the mental agony which a respectable and honourable member of our Profession must have endured for many months with such an accusation hanging over his head, as that of having seduced a woman when pretending to treat her as a patient. We can also imagine the innumerable discussions to which the accusation and the approaching trial would give rise among the little *côteries* of a small city like Chester, and quite as important as anything else, we can conceive the suspicion in which a Medical man would be held even by his friends while such a charge was impending. For there are innumerable persons in the world who give themselves very little trouble to think, and it is enough for them to hear of an accusation being made to induce them either to believe it at once, or at any rate, to withhold the opinion of their disbelief. Nay, more, the very goodness and excellence of a man's character often make him the victim of the malicious shafts of the envious and the malevolent, who, perhaps, have no fault to find with him except that he holds a better position in life, and is more highly esteemed than themselves. Again, it is well known to those who have unfortunately been obliged to defend themselves in courts of law, that the prosecution have all the advantage of concocting their own case in any way they may think fit, and of offering or suppressing such evidence as they choose, while the defendant, beyond knowing that an action is brought against him, often does not know what he may be called upon to defend or disprove until the other side have concluded their case. Nay more, it may happen, by a strange anomaly in the law, that he may be accused of something which he has entirely disproved and then the other side shall be allowed to introduce unexpected accusations for which, although entirely innocent, he may be quite unprepared. Hence, while the prosecution have all their own way, and are secretly preparing or manufacturing a case, the defendent is compelled, at enormous expense, to procure all kinds of evidence, which may, perhaps, never be required, or on the other hand, may have omitted to provide some refutation of charges which he could not have contemplated.

The wretched servant-woman, whose lewdness was the source of the recent action, is utterly unworthy of our notice, and we also dismiss, although with feelings of some pity, the deluded lady who was the plaintiff in the suit. But some of the professional aspects of the case are far too serious to be passed over without strong and indignant comment on our part, and our opinions are strengthened by the almost unanimous voice of the Profession, the only dissentients, we should imagine, being Drs. Lee, Ramsbotham, and Alfred Taylor. It is with feelings of the deepest regret that we feel ourselves compelled to condemn the conduct of these gentlemen who have earned a distinguished position by their scientific and professional attainments, but to offer a word of apology for them, as to their conduct at the late trial, would be treason to our principles, and to that feeling of brotherhood which ought to link together all honourable men following a common pursuit. We had imagined that some excuse or explanation would have been offered by one or all of the three, but we find nothing of the kind except in the shape of one or two letters sent to some of our contemporaries by Dr. Ramsbotham, who, to state the truth, appears to be ashamed of himself for the part he has lately played.

We need not mince matters, and therefore we state at once plainly that the retention of distinguished Medical men on one side or another of an action at law is often a mere lawyer's trick to add weight to the case of the plaintiff or the defendant. We do not, of course, allude to those instances where a Medical man is actually acquainted with the facts, and where his evidence is essential to the ends of justice; but we advert to those cases where mere *opinions* are required, and where the views of the witness will be, it is hoped, swayed by the fees he may receive for his attendance. The mere fact of half-a-dozen eminent Medical men coming down from London on the side of the plaintiff is enough to inspire terror in the mind of the defendant, who is probably utterly ignorant of the opinions they intend to give, or of the reasons why they are brought down, unless, indeed, to increase the expenses.

Now, in Dr. Waters's case, what were the Medical witnesses brought to prove? Why, as we stated last week, they were called to support a theory that Dr. Waters employed the speculum for the purpose of debauching the mind of the girl, in order to possess himself of her body. In other words, that Dr. Waters perpetrated a rape by means of the speculum, aided by the use of some stupefying drug. In order to lead, however circuitously, to such a conclusion, it was necessary to show not only that the speculum is used too frequently and unnecessarily in Medical practice, but that in the present instance it ought not to have been used at all, and that if it were used, it was for an improper and criminal purpose.

Now, such was certainly the tendency of the evidence of Dr. Lee and Dr. Ramsbotham, who, relying merely on the statements of the girl herself, and without any communication with Dr. Waters, presented themselves as witnesses on her behalf. They distinctly declared that there was no ulceration of the os uteri, and, therefore, that the use of caustics was unnecessary and improper; and they also assumed, without any foundation, that the girl was a virgin when first seen by Dr. Waters. It matters but little if Dr. Ramsbotham now declares that he explained to the jury the difference between superficial excoriation and deep ulceration of the os uteri. What do the jury know about one or the other, or of the distinction between them? The evidence was given merely to increase the prejudice against the defendant, a gentleman of Dr. Ramsbotham's own Profession, of scientific attainments

and unblemished character, and to bolster up the incredible story of an hysterical and immoral servant-girl, who is now admitted to have uttered a tissue of falsehoods.

In all evil there is, however, always some good. Although Dr. Waters has suffered, no doubt, most acutely in mind, he will be recompensed for his sufferings by the generous sympathy of his fellow-practitioners throughout the British empire; and although it is quite impossible to prevent nefarious persons from bringing such actions as those from which he has just triumphantly escaped; yet the lesson will not be lost upon those of his own Profession who swelled the phalanx of his oppressors. Dr. Lee, Dr. Ramsbotham, and Dr. Alfred Taylor have made an egregious mistake, for which they are morally responsible at the bar of public opinion, and they cannot do a more graceful act than send the amount of the fees they received for attendance at the Chester trial to the Committee now in course of formation for raising a testimonial to Dr. Waters.

The following address has been signed very extensively by the Medical Profession in Chester and the adjoining towns and counties:—

"To Edward Waters, Esq., M.D., F.R.C.P. Ed., &c. &c.

"Dear Sir,—We, the undersigned medical practitioners in the city and county of Chester and the adjacent counties, assembled at the Chester Infirmary, April 13th, 1863, beg to tender you our hearty and most cordial congratulations on the issue of the recent trial which has just occurred in this city. The rumours circulated during the past winter in connexion with your name caused us great pain, and it was with an anxiety scarcely inferior to that which you yourself must have felt that we awaited the time when an opportunity should be afforded you of vindicating your character from the aspersions that had been cast upon it. The result, however, has amply proved the exactness of our anticipations, and we now sincerely rejoice that a member of the profession whose name has been hitherto held in the highest esteem among us has passed unscathed through the painful ordeal to which you have been exposed. Having carefully watched the progress of the trial, we beg to express to you our great satisfaction at the verdict, and to offer you the united testimony of our unabated confidence in your professional judgment and skill, as well as in your honour and integrity as a man, and we should be glad if we could believe that this slight tribute on our part could afford any consolation to you for the great suffering which you and the other members of your family must have endured for so long a period, and while passing through the painful and appalling trial to which you have been subjected. We beg to subscribe ourselves, dear Sir,

"Your faithful Friends."

SUMMARY OF THE WEEK.

RUSSELL *v.* ADAMS.

The interest excited in this case has almost narrowed itself into the question of the relations existing between Mr. Propert and Mr. Adams. No one in his senses ever believed that there was a shadow of truth in the absurd charge made against the latter gentleman, and it is generally believed that the case would never have come to trial if the plaintiff had not been materially assisted in some manner by Mr. Propert. It is true that Mr. Propert has denied his share in the matter, but his denial is so ambiguous as to be utterly unsatisfactory to the Profession. We most heartily wish that Mr. Propert would take an immediate opportunity of explaining what share he has really taken in the late painful proceedings, and thus set himself right with all parties. Both he and Mr. Adams are most highly esteemed, and nothing could more rejoice every well-wisher of both parties, than a frank and candid explanation on the part of Mr. Propert. We have heard it hinted that the next anniversary festival of the Royal Medical Benevolent College will be made the occasion of this explanation, but we most sincerely hope that such is not the intention, and that a meeting held for objects of kindness and charity, will not be converted into a scene of painful discussion. But there is another circumstance in connection with Mr. Adams, to which we desire to call attention. It appears that this gentleman, with a magnanimity which does him the highest credit, was at first satisfied to clear his character and vindicate his honour, and to pay the heavy expenses he had incurred in his defence, but many of his friends have thought that the enormous amount of costs (nearly 1,000*l.*), ought not to be allowed to come altogether out of his own pocket, and it has therefore been determined to form a committee for the purpose of considering the best means of raising a fund to assist him. We are not at present in a position to mention the whole of the objects that are contemplated by this committee, but we believe that there is an intention of considering the case of Mr. Adams as a public one, and perhaps conjointly with that of Dr. Waters. Neither of these gentlemen, we believe, is actually in want of any assistance, but it is monstrous that unfounded actions should be brought against respectable medical practitioners merely because some enterprising or needy attorney thinks he can screw money out of them, and it is the duty of the whole Profession to stand by one another, and to defend themselves as they would against highway robbery or garotting. The poorer members of our Profession are not often selected as the victims of these harpies of the law, because it is admitted that actions against them would *not pay*, and we need not state that no lawyer would undertake a case merely on the ground of virtuous indignation. Every one should recollect that what is the fate of A to-day, may become the lot of B to-morrow, and we know that at the present moment vexatious and harassing actions are pending against certain respectable and eminent members of our body, upon matters as false and as frivolous as those which have lately attracted so much attention. It becomes, therefore, our imperative duty, to come forward unanimously in self-defence, and to form a fund to assist in helping such of our brethren as may be subject to vexatious actions at law, and at the same time to keep a surplus to guard against, and if possible to prevent, such proceedings for the future. The following gentlemen have already expressed their willingness to act upon Mr. Adams's Committee, viz., Mr. W. Bowman, Dr. Brown-Séquard, Dr. Lawson Cape, Mr. Coulson, Mr. Erichsen, Mr. W. Fergusson, Mr. J. H. Green, Dr. Gull, Dr. Lankester, Mr. Paget, Dr. R. Quain, Dr. B. W. Richardson, Dr. Harrington Tuke; and a preliminary meeting will be held this day to organise proceedings and to add names to the Committee. All communications on this subject may be addressed to Mr. J. B. Walker, the Honorary Secretary, 17, Clifton Gardens, Maida Hill.

PREVALENCE OF SMALL POX IN THE METROPOLIS.

We regret to announce that small-pox is at present extremely prevalent. It is stated that the Small-pox Hospital is full and cannot contain any more patients, and Mr. Ebsworth, the District Surgeon of St. Mary's, Newington, declares in a letter to the 'Times,' that he sees people walking about in streets, courts, and alleys, with the disease fully developed upon them, and thus propagating and extending it in all directions. It is surely time for the Government to interfere in this matter, and the public and the Profession will see by a report in another column, that the Medical officer of the Privy Council, and the Metropolitan Officers of Health, have begun to take some steps for checking the progress of this frightful disease. At present the operation of vaccination is very inefficiently performed, owing to the small encouragement afforded to the vaccinators by the authorities.

THE CULTURE OF FISH.

A lecture on the "Culture of Fish," by Mr. Frank Buckland, drew a large assembly to the Royal Institution on Friday last. The peculiar oddity and humour displayed by the lecturer, and the quaintness of many of his remarks caused immense amusement to the audience, and especially to the ladies, but his observations and illustrations were exceedingly interesting both in a physiological and economical point of view. He exhibited, by means of the oxy-hydrogen microscope, several specimens of the ova of fish with the embryos moving within them, and also the young fish soon after they were hatched, with the umbilical vesicle and the fat globules still attached to them, while the action of the heart and gills in the minute creatures was made plainly visible throughout the theatre. The improvement of the cultivation of fish is such an easy matter that it is astonishing it has never been before attempted, as it merely consists in protecting the ova from injurious influences and thus allowing them the opportunity of developing themselves. The lecturer gave an amusing account of the various causes which prevent the maturation of the multitudinous ova of fishes, and he proved that by ordinary care and pains the price of even the most valuable fish might be reduced to an almost nominal sum. He omitted to observe that Providence in all probability never designed that all or nearly all the ova of organic beings should arrive at maturity, and indeed that such a result would be impossible; but such philosophical speculations were perhaps beside his purpose, which was to show that particular tribes might be made more subservient than they are at present to the food of man, and in this restricted, though very useful object, he was thoroughly successful.

REVIEW OF BOOKS.

On Human Entozoa, comprising the Description of the different Species of Worms found in the Intestines and other parts of the Human Body, and the Pathology and Treatment of the various Affections produced by their presence. By Wm. Abbotts Smith, M.D., M.R.C.P., pp. 251. London: 1863.

The title-page sufficiently explains the nature of this work, which is a very able contribution to the science of Helminthology. The book is divided into three parts, the first of which is a Synopsis of the Entozoa found in man, the second relates to the pathology and treatment of the diseases caused by these parasites, and the third, which is on special therapeutics, describes the various medicinal agents employed in the treatment of intestinal and other worms. Dr. Abbotts Smith divides the Entozoa into five classes:—1. The Protozoa or Infusoria, which belong to the same division as the infusorial animalcules found widely diffused throughout nature. 2. The Cestoidea, which all agree in having a flattened body, and comprise the tape-worms. 3. The Trematoda, so called from the depressions existing on their bodies, and the best-known specimen of which is the Distomum or Fluke. 4. The Nematoidea, so called from their thread-like form, comprising the well-known round-worm (*ascaris lumbricoides*), and the thread-worm (*oxyuris vermicularis*), together with the trichina, filaria, and strongylus; and 5. The Acanthotheca, so called from the thorn-like projections on their bodies, but of which only a few species are occasionally met with in the human subject. In treating of the tape-worm, the propagation of this parasite by alternate generations, as described by Steenstrup, is fully related, and it is shown that the worm exists in two entirely different conditions, one being the larval state, when it assumes the vesicular or cystic form, and the other being the ribbon-shaped or perfect condition. Thus it is generally admitted that the cysticercus cellulosæ forms the scolex, or head of the tænia solium. Although the intestines are the usual localities in which the entozoa are found, yet they are occasionally observed in other parts of the human body, and indeed each part may be said to have its peculiar parasites, the trichina spiralis being found in voluntary muscular tissue, the cœnurus in the central nervous system, and the cysticercus and the echinococcus are met with only in natural or adventitious serous cavities. Some entozoa are peculiar to certain countries, thus the anchylostomum duodenale has been as yet observed only in Milan, in Italy, and in Egypt, in which latter country alone the distomum hœmatobium and the tænia nana have been observed, while the bothriocephalus latus has been satisfactorily proved to exist only in Europe. The tænia is relatively very frequent in Egypt and in Abyssinia, the bothriocephalus is very frequent in particular districts of Sweden, of Russia, and of Switzerland; the ascaris lumbricoides is very common among negroes, and hydatid worms are abundant in Iceland. It appears that sailors are very rarely affected with hydatids, their exemption being attributed to the saltness of their diet, which is probably unfavourable to the development of cystic worms. In the part devoted to Special Therapeutics, Dr. Smith passes in alphabetical review the various remedies employed in destroying intestinal worms, some being purgatives, which act by exciting the peristaltic movements of the intestine, and others anthelmintics, properly so called, which either exert a poisonous action upon the parasites or make their *habitat* offensive to them, as in the case of assafœtida. Many remedies for worms are old and well known, as the common wormwood aloes, gamboge, jalap, scammony, the male-fern, the pomegranate, turpentine, and common salt, but many others have been introduced of late years as kamala, a resinous substance obtained from an Asiatic plant, the Rotleria tinctoria; Kousso, the dried flowers of the Brayera anthelmintica; the Saoria, the fruit of the Mœsa picta, and some others. Some anthelmintics, which were formerly very much prized, have fallen into disuse, but have lately again come into repute, as pumpkin-seeds, which were recommended for tænia in 1683, and santonine is a condensed form of several species of artemisia, as the A. abrotanum, or southernwood, and A. santonica, which have long been known as anthelmintics. Dr. Abbotts Smith thinks that santonine is one of the most perfect anthelmintics which we at present possess. He gives a summary of fifty cases in which he used santonine, the worms being the oxyuris, tænia solium, and ascaris lumbricoides. Nineteen patients were cured, fifteen were much relieved, nine showed some improvement, and in seven no good result was obtained. The greatest benefit from santonine was observed in the round-worm, next in tape-worm, and least in thread-worm; but when enemata of santonine were administered, instead of giving the medicine by the mouth, the cure of thread-worm was sometimes very speedy. The dose of santonine for children is from one to three grains, and for adults, two to five grains twice a day; it should be given in some oily vehicle, and castor-oil is an advantageous mode of administration, or the powdered santonine may be given on a piece of bread and butter, or in honey, some purgative, such as jalap, being ordered to be taken about three hours afterwards.

On the whole, Dr. Abbotts Smith's work, although bearing the marks of some crudity, is a useful compendium of our existing knowledge on the subject of Human Entozoa, and as such we recommend it to the attention of the Profession.

GENERAL CORRESPONDENCE.

To the Editor of the Medical Circular.

SIR,—The following case, as exposing the tricks of so-called cancer curers, you may probably think worthy of publishing.

A Mrs ——, of Belmont colliery, complained to me occasionally during the latter part of last year of a slight pain she felt in a cicatrix, the result of a mammary abscess occurring in the early months of lactation. Not feeling satisfied with the do-nothing-treatment I advised, she applied to a notorious cancer-curer, who at once persuaded her that she was suffering from cancer, which he would "undertake to cure for 13s. 6d." The contract having been made, a corroding ointment (in all probability containing bi-chloride of mercury) was applied to the breast, which of course converted the integument immediately beneath it into a slough. This slough was stated by the cancer-curer to be "the cancer," and as it came away, so the silly woman thought she was "cured." Just here however, her troubles commenced, the ulceration continued and laid open a mammary artery, from which a copious hæmorrhage ensued, whereupon she was taken to a beer-house in the immediate vicinity of the cancer-curer's residence, and he and his wife attended to her during the whole of the night. The bleeding not ceasing she was conveyed home early the next morning, and an urgent message was left at my house, begging for my immediate attendance upon her, by a person who promised himself to pay my charges. I complied with the request, found her exceedingly exhausted, tied the artery, learned the fraud she had been exposed to, and ascertained that the individual who had desired my attendance, was the cancer-curer himself! Therefore, at the end of the week, I sent in a bill of 2*l.* 14s. 6d. Payment, as of course I expected, was refused, and I consequently brought the case into the Durham County Court, in March last. The defence was,—first, "no contract," as I was not *seen* and gave no promise to attend. This was overruled, inasmuch, as I had actually attended. Secondly, that my charges were exorbitant, 1*l.* 1s. for tying the artery, and 5s. and 3s. 6d. for subsequent visits, without medicine, being too much. I however obtained a judgment for the whole amount, and all my costs in addition.

But surely this, though an unexpected, is a poor punishment to so notorious a person as the aforesaid cancer-curer. It has had too, no effect in stopping his cancer-curing propensities, for I have just seen a person with his corroding plaster applied over an enlarged gland. When it sloughs away, I shall be gravely told that he has been "cured of a cancer," which no Medical man can remove. What, Sir, can be done to stop such rank imposition? A few years since a coroner's jury returned a verdict of "manslaughter" against this man, for poisoning a Mrs. W., but at his trial he was acquitted, and *now* he appears to succeed in his "PRACTICE" better than ever.

I am, &c.,

R. H. S. CARPENTER, L.R.C.P. Lond. and L.S.A.

Carrvilla, Durham, April 6, 1863.

To the Editor of the Medical Circular.

SIR,—I am exceedingly glad to perceive that both Mr. Carter and Mr. Hamilton have taken upon them to agitate the subject of a Medical Provident Association. On reference to the MEDICAL CIRCULAR of April 9th, 1862, page 267, and again May 7th, page 337, they will there find that I was the first to advocate the establishment of a National Benevolent Medical Society.

By way of making a beginning, I, for one, shall be most happy to become an annual subscriber of 1*l.* to it.

It is sincerely to be hoped that every member of the Profession will come forward to aid the establishment of so laudable and excellent an institution as that of a National Benevolent Association.

I am, &c.,

E. WILKINSON, M.D., M.R.C.S.E., L.S.A., &c.

Aspatria, April 15, 1863.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MARCH 4TH, 1863.

Dr. OLDHAM, President, in the chair.

The following gentlemen were elected as Honorary Fellows o the Society:—Prof. Martin, of Berlin; Dr. Beatty, of Dublin; Dr. Pagan, of Glasgow; Prof. Braun, of Vienna; Prof. Depaul, of Paris; and Prof. Faye, of Christiania.

The following gentlemen were elected as ordinary Fellows of the Society:—J. H. Galton, M.B., Brixton; H. V. Garman, Esq., Bow road; W. Hanna, Esq., Belfast; R. W. Jenkins, Esq., Philpot lane; J. W. J. Oswald, Esq., Kensington; Josiah T. Powell, M.D., City road; John Rowland, M.D., Strata Florida, Lampeter, Cardiganshire; Joseph Rushforth, Oxford terrace; J. H. Tutin, Esq., Ripon.

The President announced that the volume of Transactions for the past year would be in the hands of the Fellows in a few days.

READY-MADE PLASTERS.

Dr. TILT drew attention to the fact that when a hundred or a hundred and fifty grains of common starch are boiled in an ounce of glycerine, the result is a very stiff glutinous compound, which has no smell, and does not become rancid; and although sticking firmly to the skin, it can be removed and re-applied. Instead of ordering belladonna plaster, Dr. Tilt prescribes three grains of sulphate of atropia to be rubbed down with a few drops of glycerine, then incorporated with an ounce of hard glycerine ointment, and thickly spread by the patient on gutta-percha cloth or impermeable wash cloth. This can be removed for the morning ablutions, and reapplied after spreading a little more ointment on the same plaster. Morphia and other alkaloids are prescribed in the same way. The samples exhibited by Dr. Tilt were made by Mr. Bullock, of Hanover street.

Dr. MEADOWS exhibited a specimen of

UTERINE POLYPUS WHICH HAD COMPLICATED LABOUR.

The tumour, which had completely filled the vagina, was about twice the size of the fœtal head. During the labour it was entirely protruded by the descent of the child, but was returned on its expulsion. It again, however, descended, and was removed by ligature two days after delivery. The growth was attached by a long pedicle to the cervix uteri, and weighed when removed nearly four pounds. The patient did well.

ON DISPLACEMENT, ETC., OF THE BLADDER AS A CAUSE OF TEDIOUS LABOUR.

BY W. H. BROADBENT, M.D. LOND.

The purport of this communication was to show that, besides the mechanical obstruction which may be presented by the prolapsed and distended bladder to the descent of the head of the child, prolapsus of the bladder, complete or partial, frequently renders the first stage of labour long and painful. The uterine contractions, causing pain in the displaced bladder, it was said, were replaced by spasmodic contractions of the abdominal muscles, which forced down the uterus, but had no effect in dilating its month. These were attended with much suffering, of a character very different from the natural labour pains at this stage, which with tactile examination would lead to a recognition of the cause. The measures recommended for the relief of the pain and for expediting the progress of the labour were, the supine position, prevention of accumulation of urine by the use of the catheter, and, in severe cases, chloroform.

Cases were given in support of these conclusions.

OBSERVATIONS ON OVARIOTOMY, &c., STATISTICAL AND PRACTICAL; ALSO, A SUCCESSFUL CASE OF EXTIRPATION OF BOTH UTERUS AND OVARIES.

BY CHARLES CLAY, M.D., MANCHESTER.

Dr. CLAY gave a brief and interesting outline of his experience on this very important branch of surgery. Of 109 peritoneal sections, of which 104 were for ovarian extipation, 3 for cutting down upon the tumour to establish ulceration where its removal was known to be impracticable, 1 for the Cæsarian operation, and 1 for the removal of both uterus and ovaries. Of the 104 ovarian cases, 72 recovered, 32 died; all the 3 ulcerative cases recovered; the Cæsarean section lived to fifteenth day; and, lastly, the case of entire removal of both uterus and ovaries recovered. Of the 32 deaths, 10 died from the immediate consequences of the operation, 10 from inflammation, 10 from prostration, and 2 from hæmorrhage. The great majority of the first and second series were young females, as well as a portion of the third division. Those from prostration were chiefly elderly females. Some other statistical facts were elicited, as well as the following remarks from the author:—Dr. Clay still defends the raised temperature of the room for operation, and attributes much of his success to its influence; is not certain if chloroform has added anything to the successful results, but values it highly as an agent which it would now be difficult to lay aside, although the first 14 of his cases were performed before it was recovered, and of which 9 recovered; and he still thinks, if a female could face the difficulty without it, it would be in her favour. The large incision is still practised by him, and deemed far preferable to the smaller opening. Of course the author wished to be understood that the incision was to be commensurate with the tumour to be extirpated. Dr. Clay gave many reasons for this preference. The distressing vomiting he conceives to be in a great measure owing to the use of chloroform, as he saw but little of it in the first 14 cases where it was not used. For this troublesome symptom he advises patience until the blood has got rid of its load of carbon, the simplest of drinks, and as little food as possible. Some very well ascertained facts of critical days were adduced, which would require too much space to dwell upon; suffice it to say, the third, sixth, and ninth were the principal, and the causes of each were pointed out. No particular age seems to be prominent in respect to the success of these cases. Dr. Clay himself stated them to be about equally successful at all ages from sixteen to fifty-seven. Purgatives are not admissible; and he relies on enemas with ox-gall, &c. This part of the paper was concluded by some interesting remarks on ovariotomy for the last twenty years, and the difficulties the author had to encounter, not the least of which was misrepresentation.

The author next gave in detail a new and interesting operation, which he believed to be the first of its kind, successful at least, in this country—namely, the entire extirpation of the uterus and its ovaries through the abdominal walls, which has ended most fortunately, the lady returning to her friends on the thirty-fifth day after the operation, and still continuing well, thus establishing another great fact in reference to abdominal surgery. The case was that of a fibroid uterus of eleven pounds weight, with the ovaries in an unhealthy condition; and the tumour by its growth had latterly so entirely filled up the cavity of the pelvis as to render the passage of the fæces and urine extremely difficult. The particulars of the case throughout its progress were given. Dr. Clay does not suppose that many uterine cases could be advisedly extirpated, but thinks some of those densely-hard fibroid masses, where the constitution has not been greatly prostrated, might afford a fair prospect of cure under the knife.

Mr. BAKER BROWN prefaced his remarks by warmly thanking Dr. Clay for the very practical and admirable paper just read. Mr Brown considered it one of the most valuable he had ever heard, and wished it had been brought forward a few weeks earlier, as it was calculated to strengthen the hands of other ovariotomists, and enable them to contend against those who doubted the value of the operation. With regard to the temperature of the room, Mr. Brown stated that he believed that Mr. Lane, than whom no one had been more successful in ovariotomy, disregarded this subject, as did also another gentleman present at the meeting, who had also had great success. For himself, Mr. Brown believed that where the operation was likely to be long, and the viscera long exposed, it was of great importance; but that where the operation was quick, and the viscera were kept back by hot flannels, the question of temperature would not affect the success. As to the long incisions, he believed Mr. Walne followed Dr. Clay; whereas Dr. F. Bird and Mr. Lane had contended for the short incision, and with good results. Mr. Brown always made a small incision first. If it appeared that on

tapping the cyst the tumour could be withdrawn, he did not enlarge it; but if there appeared strong adhesions, or the tumour was very multilocular, he found it easy to make the incision larger, and agreed with Dr. Clay that it was advisable to see clearly where the adhesions and difficulties in removing the tumour were situated. At the same time, with the very large success of Dr. Clay, it was folly to say that short incisions were preferable to the long. Dr. Clay still preferred the ligature of Indian hemp. Mr. Brown had used it till the invention of the carpenter's callipers as a clamp, which he found more convenient and comfortable. He could not, however, agree with Dr. Clay has to the inadvisability of bleeding In two or three cases where peritonitis had come on quickly after the operation, he found venesection most valuable, and attended with success. He always advised hot linseed-meal poultices to be applied over the whole abdomen when there was a chance of peritonitis, believing that they kept hot longer than ordinary fomentations. Mr. Brown's experience as to the frequency of the ovary attacked was contrary to Dr. Clay's. He had examined many hundreds, he might say thousands of cases, but thought that one could not decide which ovary was diseased till an incision was made. His experience, from cases submitted to operation, was that the left ovary was most frequently affected. He agreed with Dr. Clay that age does not make much difference. He was glad to hear that Dr. Clay had come to the conclusion that the question of success did not depend on the operation itself, but on the after-treatment. Mr. Brown believed that in his earlier operations he lost more patients because the after-treatment was not so well understood as now. He had learned from Dr. Clay the valuable practice of never giving the patient anything but the most simple food till asked for. He preferred giving beef-tea and wine, if required, by the rectum for three or four days after the operation. Mr. Brown considered Dr. Clay's testimony valuable as to the great advantage of small over general hospitals for these operations, not on account of the operation itself, but because the nursing, ventilation, and atmosphere were so much better in small special institutions. Mr. Brown had twice removed both ovaries with success. He thought that the question of exploratory incisions had been unfairly treated by the Profession. They were made with an honest endeavour to ascertain the truth before risking the patient's life. Mr. Brown had never seen a fatal result follow them, and thought they should be commended and encouraged, not condemned. He was glad to hear Dr. Clay say that in his last operation he had made it a stipulation that it should be left to him to decide whether he should proceed after making an incision. As to opium, Mr. Brown had at one time been as great an advocate for it as Dr. Clay; but believed that it increased the sickness, and he now never gave it unless imperatively called for.

Mr. Spencer Wells said that he must not be supposed to undervalue the very useful paper of Dr. Clay, or to be ungrateful for the lessons which he had taught us all by his able advocacy of ovariotomy, if he (Mr. Wells) ventured to discuss two very important steps of the operation in which his own practice, and the practice in London generally, differed from that of Dr. Clay. Dr. Clay still advocated the long incision; and he still left the tied end of the peduncle and the ligature within the peritoneal cavity. He could boast of a success attending this practice of 70 per cent. of recoveries to operations, and as success was the best criterion in Surgery, it might seem presumptuous to question the wisdom of any operative proceeding practised so successfully. But his (Mr. Wells') own experience had led him so decidedly to prefer the short to the long incision, and to keep the tied end of the pedicle outside rather than to leave it in, that he could not help suspecting that Dr. Clay's great experience in the operation had led him to success in spite of a method which more recent experience had modified or corrected, and which men of less experience could not follow without great danger of failure. After long incisions there was so much more exposure or escape of intestine during the operation, so many more serious symptoms after it, and so comparatively protracted a recovery, even in successful cases, that his (Mr. Wells') own experience had taught him to avoid any greater length of incision than was necessary for the exposure and removal of the cyst or tumour. Every inch in the length of incision appeared to add something to the chances against the patient, and in cases where he had the choice either of making a long incision and removing a tumour entire, or of breaking up a tumour and removing it through a small opening —even though ovarian fluid might unavoidably escape into the peritoneal cavity and require careful sponging for its removal—he would prefer this alternative rather than make a very long incision. So, in his experience, those patients in whom it had been necessary to leave the pedicle and ligature within the peritoneal cavity had suffered so much more after the operation, and their recovery had been so much more protracted than others where the peduncle had been kept outside, that he would always prefer to keep it out if he could, and so avoid the danger of absorption of the putrid matter of the strangulated stump, or the peritonitis connected with the effusion of fibrine thrown out to circumscribe the stump and ligature. It seemed probable that the frequent occurrence of peritonitis in Dr. Clay's practice was in some measure due to his manner of treating the pedicle; for in his (Mr. Wells') own practice, peritonitis was a rare accident. Of eighteen fatal cases, it had only had any important share in the fatal result in two; in all the others, shock or exhaustion after the operation, or blood-poisoning, having been the cause of death; while in successful cases he hardly remembered peritonitis in any patient where the pedicle had been kept out. As to the temperature of the room, in his earlier cases he had followed Dr. Clay's practice; but latterly he had found it better simply to have the room kept comfortably—not excessively—warm, and after the patient was in bed to keep a good fire burning and a window open night and day. In the use of opium also he had learnt to avoid all excess. If there was pain or restlessness, it was given in moderate doses, and repeated if necessary; but some patients had recovered without taking a single dose, and others with not more than two or three doses. Sometimes it was given to secure a good night, even if there was no pain. With regard to the removal of uterine tumours by abdominal incision, it was only under the most exceptional circumstances—where the life of the patient was in great danger from hæmorrhage or the effects of pressure—that such an operation as that so successfully performed by Dr. Clay could be justifiable. Pedunculated peritoneal out-growths from the uterus might be removed with moderate risk, and so might in-growths towards the uterine cavity or vagina; but any attempt to enucleate interstitial fibrous tumours of the uterus, either by incision through the abdominal wall, or by incising the cervix *per vaginam*, was attended by such very great risk that nothing but the most urgent necessity would justify the practice. He (Mr. Wells) said this rather as the result of his own observation, than as any conclusion suggested by Dr. Clay's successful case.

Dr. Clay, in reply, expressed his great gratification at the manner in which the paper had been received by the Society. With respect to the details of the operation, he adhered to the principles laid down in the paper. It was remarkable that many of the best recoveries after ovariotomy had taken place in his practice after making the long incision, and where the tumour was large he preferred it. The use of Indian hemp for ligatures he still preferred. With respect to the remarkable case of extirpation of the uterus, he would observe that on his way to town to attend the meeting he had accidentally met the patient who had been the subject of the operation at a railway station, and in perfect health.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, March 24, 1863.

Richard Partridge, Esq., F.R.S., President.

The President, on taking the chair for the first time, thanked the Society for the honour they had done him in electing him their President. He would endeavour to show his sense of their kindness by devoting his time and abilities to the duties of his office. In doing this he should look back to the example of the distinguished physicians and surgeons of the past who had previously occupied the same chair. He urged the Fellows to new contributions for the "Transactions," as on the annual publications of the Society its reputation greatly rested.

A paper was read by Edward H. Greenhow, M.D., F.R.C.P., on

DIPHTHERIAL NERVE AFFECTIONS.

The author began by stating that the epidemic sore-throat which, under the name of diphtheria, had latterly engaged so much attention, was well known to be followed by nervous phenomena of a peculiar kind. These consisted chiefly of impaired, excessive, or perverted sensibility, together with more or less complete paralysis of the muscles of the fauces, pharynx, tongue and lips, extremities, trunk, and neck; the frequency of the occurrence of these symptoms in the several sets of muscles being nearly in accordance with the order in which he had placed them, the first named being the most frequently and the last the least frequently affected. The author had had the opportunity of watching the course of several cases of these diphtherial nerve affections in patients under treatment at the Middlesex Hospital, and the present paper was in a great degree based on those observations. He did not mean to infer that every attack of diptheria was followed by some of these secondary nerve affections, for he had seen patients recover perfectly without experiencing any of them; nor to assert that their intensity was always proportioned to the severity of the primary disease, for he had sometimes seen them follow comparatively mild attacks of diphtheria. Nevertheless, as a general rule, he had certainly observed these nerve affections to be more frequent after the worst cases of diphtheria, and to bear some proportion even to the local severity of the attack; he had noticed, for instance, that the paralysis and anæsthesia were sometimes more complete on that side of the fauces which had been most severely affected by the primary disease.

The author had found that a brief period of convalescence—generally not exceeding a few days, but in rare cases extending to weeks—almost always intervened between the disappearance of the sore-throat and the accession of the nerve symptoms; and cases had fallen under his notice in private practice in which patients who had

recovered sufficiently from diphtheria to be sent from home for change of air, had subsequently fallen into a helpless condition from diphtherial paralysis. The fact of this interval seemed to him important, inasmuch as it went far to show that the paralysis could not be entirely attributable either to the albuminuria which so often accompanies the acute stage of diphtheria, or to the anæmia which closely follows it, as patients had often got rid of the former symptom, and had even begun in some cases to regain flesh and strength, before the accession of the paralytic symptoms.

The author had observed that these nerve affections do not at once attain their maximum of intensity, but are progressive even in the same sets of muscles; and also that if several of the sets of muscles which he had enumerated should be attacked in the same individual, they do not become affected all at once, but in succession —the faucial or pharyngeal muscles being the first to suffer, and so on in the order in which he had placed them at the beginning of the paper—though it by no means followed that all of them should be affected in any one case. He had found the muscles of the fauces by far the most frequent, as well as the earliest, set of nerve affections after diphtheria, and had seen them attacked in many cases in which the rest of the muscular system either entirely escaped or was very slightly affected. When the fauces were paralysed, the soft palate lost its natural action, the speech often became imperfect, and liquids regurgitated through the nostrils. These symptoms should be discriminated from the hoarseness of voice and return of fluids through the nostrils which often occur during the acute stage of diphtheria, and arise, as in ordinary quinsy, from the swollen and painful state of the fauces impeding the natural action of the parts. Anæsthesia had co-existed with the paralytic affection of the fauces in all the cases that had come under the author's notice, so that these naturally very sensitive organs became altogether callous and insensible to touch.

Next to the affection of the fauces, impairment of vision, probably due to paralysis of the ciliary muscle, appeared to be the most frequent of the nervous disorders consequent on diphtheria. The author had observed that the pupil of the eye became dilated and acted sluggishly under the influence of light a day or two before the sight became sensibly impaired, and often remained so for a time after the sight had been regained; also that patients unable to read with unassisted sight could do so with the help of convex spectacles; and hence he attributed the impairment of sight to a temporary loss of adjusting power.

The nerve symptoms which he had noted in the tongue and lips were, formication or a sense of scalding, numbness, and impaired taste and power of movement. They began, for the most part, in the lips and the tip of the tongue, and gradually extended upwards towards the dorsum and root of the latter organ.

The limbs had suffered more or less, in all the five cases which formed the basis of the paper, from paralysis and anæsthesia, besides tenderness and abnormal sensations, such as coldness, formication, and a feeling of constriction in the fleshy parts, as if they were tightly bandaged. These affections began either first in the upper, or at the same time in both the upper and lower extremities, and were at their commencement peripheral, extending gradually upwards from the tips of the fingers and toes towards the trunk, and in some cases affecting the lower part of the back and of the abdomen. He had found that pressure over the sciatic and median nerves was sometimes attended by acute pain, and that pressure of the instep between the finger and thumb sometimes caused convulsive starting of the leg and foot, as well as pain. He had observed that the paralysis in some cases assumed a more or less hemiplegic character, but had seen no instance in which, one side being paralysed, the other remained entirely unaffected.

The author had seen nerve affections after diphtheria of a graver character than any of those exemplified in the present group of cases, and several even fatal cases had fallen under his notice in private practice. In three of these latter, death was caused by failure of the action of the heart, and in one by exhaustion from vomiting. He believed, however, that such cases were fortunately exceptional, and that the great majority of sufferers from diphtherial nerve affections, under good management, sooner or later recovered their usual health and strength.

The author had satisfied himself that these cases were best managed on sound general principles. Generous diet, and a liberal allowance of stimulants, together with rest in bed, he believed to be always necessary. Tonics, especially steel and quinine or the mineral acids, he had found useful from the first appearance of the nerve affections; and after the complete development of the paralytic symptoms, nux vomica and strychnia had proved in his hands most valuable remedies.

Subjoined were the five cases on which most of the remarks in the paper were founded.

Mr. Acton said that as three of his children had suffered from diphtheria, he had thought a good deal on the disease. He was sorry that the author had not given any opinion as to the cause. He (Mr. Acton) considered that it arose from deficient drainage, and mentioned several facts in connection with the disease occurring in his own family in support of this view. One of his children had been attacked without any evident premonitory symptoms. The first thing to notice was an offensive odour from the nose. Mr. Acton then went on to speak of other symptoms, as the want of power to write properly, especially to write on lines, and sudden falling in running. It seemed, he said, as if the power suddenly failed. All his children got well, and he considered that if, after a certain stage of the disease, the children were sent into the country they generally got well. He considered the change of locality a very important point, and believed that removal saved the life of one of his children. Mr. Acton referred to the peculiarity of pronunciation after recovery from the diphtheria. One of his children for nearly a year after could not say, "nh," or pronounce the letter w.

Dr. Weber related several cases of paralysis after diphtheria, in which there had been much the same symptoms as in Dr. Greenhow's cases. He could not, however, agree with Dr. Greenhow as to the order in which the symptoms followed. He (Dr. Weber) had found that the first symptom was a great slowness of the pulse. This began during the persistance of the diphtheritic membrane, or just after its removal. It might be as low as 36. It was possible that this symptom might not be due to paralysis, as it had been shown that *irritation* of the pneumogastric caused retardation of the pulse. Still the depression was so great that he (Dr. Weber) thought it was the result probably of paralysis rather than irritation. He considered that the prognosis was generally favourable; but in two cases in his practice there had been a fatal result. In these, however, there were complications—viz., in one, fatty degeneration of the heart, and in the other, valvular disease. Dr. Weber then asked the question, whether the paralysis of diphtheria was to be looked on as a necessary part of diphtheria—as a "secondary" symptom of the disease? He did not give any opinion. He referred to other diseases in which similar affections followed.

Dr. Sanderson had seen a great many cases of diphtheritic paralysis, and believed that it depended not so much on a loss of muscular power as on a want of co-ordination of the muscles. The different power of movement at different times showed this. Again, patients who could walk or use their arms for rough purposes could not do anything fine, as button a shirt. The defect of sight might be explained on the same principle. In all cases the defect of sensibility preceded that of motility.

Dr. Wood related a case of paralysis which came on after diphtheria. It affected the fauces, limbs, and trunk, but not the sight. The paralysis was so great that the patient could not turn in bed, and could not feed himself. In another case there was no paralysis, but melancholia: the patient was an inmate of St. Luke's Asylum.

Dr. Sibson suggested that the paralysis of the throat might be the result of some local affection of the muscles themselves during the acute stage.

Dr. Greenhow, in reply, said that his paper being exclusively on the secondary nerve affections of diphtheria, he had necessarily abstained from all reference to the etiology of the primary disease. He might say, however, as the question had been raised, that in the course of his experience, which had been very extensive, he had altogether failed to discover any direct relation between diphtheria and the local impurities referred to by Mr. Acton. He must also dissent from that gentleman's remarks on treatment; for, on the one hand, he (Dr. Greenhow) had found rest a very important element in the treatment of the secondary nerve affections, and, on the other, he had repeatedly found, as stated in his paper, that change of air had not the effect of warding off their accession. At a late period, however, when patients had begun to recover from these nerve affections, their convalescence was undoubtedly accelerated by removal into a pure country air. Several questions had been proposed to him as to the pathological nature of diphtherial nerve affections. (Dr. Greenhow) could have wished that the gentlemen who had put them had at the same time stated their own views on the subject, if they had formed any; for himself, he was unwilling to express any positive opinion on so obscure a question until further observation should have enabled him to verify what he could now only put forward as conjecture. He could not quite agree with Dr. Weber in regarding the slowness of pulse, which he had so well described, as one of the most frequent secondary symptoms of diphtheria. In his (Dr. Greenhow's) experience it had rarely occurred, and not oftener in the secondary than in the primary stage of the disease. Whenever it did occur, it was a serious and too often a fatal sympton, and he was disposed to think with Dr. Weber that it depended on some affection of the pneumogastric nerve. It was no doubt true, as Dr. Sanderson had suggested, that many of the phenomena of these curious nerve affections were due to a want of co-ordinating power; but he (Dr. Greenhow) could not, like that gentleman, regard them as consisting entirely of paralysis of sensation; for although the loss of motor power only reached its climax *pari passu* with the muscular emaciation, there generally existed some degree of it from the beginning. The intense inflammation which had recently affected the superjacent mucous membrane might perhaps, as Dr. Sibson had suggested, partly account for the paralysis of the muscles of the fauces, but could scarcely explain the paralysis of the tongue and cheeks which had been sometimes observed, and still less that of the muscles of the trunk and extremities.

LEGAL INTELLIGENCE.

RUSSELL v. ADAMS.—Mrs. RUSSELL IN WHITECROSS STREET PRISON.

Among the prisoners brought before the Registrar on Saturday last was Mrs. Russell the mother of the lady who was plaintiff in the case of Russell v. Adams.

When the case was called on the matron of the prison attended, and stated that Mrs. Russell stated that she was so ill that she could not attend.

The Registrar asked whether the medical officer of the prison had given a certificate to that effect?

The matron replied that he had not; she had her own medical attendant.

The Registrar asked whether she was confined to her bed?—The matron said she was not. She was in the ward.

The Registrar said then he would go to her; and perhaps the matron would call her into her private room.

The matron said her room was quite at their service; and the Court at once removed there.

Mrs. Russell was then called in, and, having been sworn, said, in answer to the registrar, she was a nontrader, and was arrested on the 10th of February for 30*l.* and 26*l.* costs.

The Registrar: What is the amount of your liabilities?—Mrs. Russell:—Not above 20*l.* beyond this.

A gentleman who attended from Messrs. Wild and Barber, solicitors for Mr. Lama, the detaining creditor, said: I am speaking advisedly when I say that I am aware of debts to the amount of 200*l.*

Mrs. Russell: I only ask for a few days' time.

The Solicitor: I have here an action pending in which we are challenged to go to trial. There are 15*l.* paid into court, and the expenses of the trial will be at least 500*l.*

The Registrar (surprised): 500*l.*?

The Solicitor: Yes, sir; I hold a bill of exchange on which, I commenced an action against her and she applied to be allowed to defend it on the ground that she had a good defence. By pleading poverty leave was given her, on condition of her paying 15*l.* into court. I have her affidavit here, in which she states the defence she intends to set up against the claim, and that will involve the trial over again of the case of her daughter and Dr. Adams. We shall have to bring witnesses from Wales and other parts, and the expenses of the two trials will certainly be more than 1,000*l.* The defence she has set up is, that the bill was given in connection with her daughter's marriage with Mr. W. Adams, and we shall have to go into the whole question again. I therefore object to the case being adjourned.

The Registrar: Do you object to her being discharged?—The Solicitor: Certainly, because I complain that she has contracted a debt with the detaining creditor by fraud, by representing that her daughter was about to be married to Mr. Adams.

The Registrar: Then I shall not discharge her if I adjudicate her a bankrupt.

Mrs. Russell: I do not want to be made a bankrupt; but if you do, I hope you will reserve to me the right to defend the action against me.

The Registrar: The official assignee will look after your interests. I have found you here, and you are before me a bankrupt, and, under ordinary circumstances, I should have adjudged you a bankrupt, and discharged you; but, after what this gentleman says, I shall adjudge you a bankrupt, and not let you out of prison; but if you can say that you have a reasonable and probable ground for believing that you will settle with your creditors, I will adjourn the hearing.

Mrs. Russell: Well, I can say that I shall be able to settle with my creditors if they will let me have time.

The Solicitor: From information I have, I believe that there is no reasonable prospect of a settlement. She had a small income from her brother on the express condition that she never corresponded with him. We are in the position that she can at any time rule us to go on with the action we have against her, and put us to all the expense of the trial; and since she has been in prison she has given notice to proceed. I must therefore ask you to make her a bankrupt.

The Registrar: Well, I think there will be no alternative but to make you a bankrupt, because you do not give me any reasons for believing that there will be a settlement.

Mrs. Russell: Well, then, if you do, will you make me a bankrupt, with power to defend the action?

The Registrar: I cannot do that, but the court will protect you. The assignees will protect you.

Mrs. Russell: It is all done to ruin me.

The Registrar: I suppose you want to be set at liberty?

Mrs. Russell: Is there any appeal to the Lord Chancellor?

The Registrar: Yes, but you must go before the Commissioner first, and then you can appeal.

Mrs. Russell: When shall I be able to get out?

The Registrar: The solicitor to the court will instruct you what to do in regard to your liberation.

The examination was then completed, and the prisoner having been formerly adjudicated bankrupt, signed her deposition.

The registrar then left that part of the prison and was followed by Mrs. Russell as far as she was allowed, venting her angry feeling in violent words against the solicitor and the detaining creditor.

Births, Marriages, and Deaths.

BIRTHS.

DUKE.—On the 1st inst., at Anerly road, Norwood, the wife of Allen A Duke, M.D., of a daughter.

DAVIS.—On the 2nd inst., at Addison road, North, the wife of H. R. Davis, L.R.C.P. Edin., of a son.

BARKER.—On the 2nd inst., at Eaton place, Brighton, the wife of Dr. Barker, of a son.

KIRK.—On the 3rd inst., at Bathgate, Linlithgowshire, the wife of J. Balfour Kirk, M.D., of a son.

HAYWARD.—On the 3rd inst., at Vernon house, Mount Vernon road, Liverpool, the wife of J. Williams Hayward, M.D., of twins—a son and a daughter.

DIXON.—On the 4th inst., at Hove villas, Cliftonville, Brighton, the wife of F. Dixon, M.R.C.S., of a daughter.

ROWLAND.—On the 4th inst., at Goginan, Cardiganshire, the wife of Evan Rowland, M.R.C.S.E., Deputy coroner, of a son.

MASTERS.—On the 4th inst., at Rye lane, Peckham, the wife of Maxwell T. Masters, M.D., of a daughter.

LILLIES.—On the 4th inst., at Chudleigh, Devon, the wife of G. W. Lillies, M.D., of a daughter.

KING.—On the 5th inst., at Hackney road, the wife of William T. King, M.R.C.S.E., of a son.

WOODD.—On the 8th inst., at Penge, Surrey, the wife of C. G. Woodd, Surgeon, of a son.

GRAY.—On the 14th inst., the wife of A. C. Gray, M.D., of Goswell road, of a son.

HEWITT.—On the 15th inst., at Berkeley square, the wife of Graily Hewitt, M.D., of a daughter.

MARRIAGES.

HEATH—PECK.—[illegible] 7th inst., at Paddington, Christopher Heath, F.R.C.S.E., [illegible] street, Piccadilly, to Sarah, third daughter [illegible] Peck.

[illegible]—On the 9th inst., at Upton Old Church, Charles [illegible] M.R.C.S.E., of Slough, Bucks, to Emma Lucy, second daughter of Thomas H. Cooper, M.D., of the Limes, Slough.

ADAMS—POYNTER.—On the 9th inst., at North Shoebury, Essex, James Adams, M.D., of Barnes, to Sarah Ellen, eldest surviving daughter of S. Poynter, Esq., of Crouchmans, North Shoebury.

DEATHS.

LINDSAY.—On the 18th ult., Dr. Lindsay, of Liverpool, aged 47.

JONES.—On the 30th ult., at Shardlow, near Derby, M. T. Jones, Surgeon, aged 69.

FEATHERSTONHAUGH.—On the 1st inst., at Newbridge street, Newcastle-on-Tyne, Jane, wife of Henry Featherstonhaugh, M.R.C.S.E., aged 48.

THOMSON.—On the 1st inst., at Lewisham, J. Thomson, M.D., Surgeon R.N., aged 73.

GARLAND.—On the 2nd inst., H. Garland, M.R.C.S.E., of Yoxford, late of Belitha villas, Barnsbury park, Islington.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen passed the First Part of the Professional Examination for the Licence of the College on the 8th inst:—John Henry Ashton, St. Bartholomew's hospital; Edward Brown, St. Bartholomew's hospital; George Edgelow, St. George's hospital; Thomas Edgelow, St. George's hospital; Robert Henry Kinsey, St. Bartholomew's hospital; Jordan Roche Lynch, St. Mary's hospital; Charles Durrant Pearless, St. Bartholomew's hospital; Llewellyn, Powell, St. Bartholomew's hospital; Frederick William Richards, St. Bartholomew's hospital; Arthur Cromack, Turner, Sheffield.

Also on the 9th inst:—Chauncy Puzey, Guy's hospital; Thomas Francis Raven, St. Bartholomew's hospital; James Walbridge Snook, St. Bartholomew's hospital; James Byers Thomas, St. Bartholomew's hospital; Alexander Waugh, St. Bartholomew's hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their Primary Examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 7th inst., and, when eligible, will be admitted to the Pass Examination:—J. E. Adams, London Hospital; E. J. Armstrong, Middlesex Hospital; F. H. Appleby, University College Hospital; H. C. Bertin, St. Mary's Hospital; A. H. Brewer, St. Bartholomew's Hospital; H. M. Brewer, St. Bartholomew's Hospital; John

Cavafy, St. George's Hospital; Henry Clothier, University College Hospital; J. H. Craigie, London Hospital; C. J. Cullingworth, Leeds; R. R. Daglish, Guy's Hospital; George Edgelow, St. George's Hospital; Thomas Edgelow, St. George's Hospital; Alfred Ensor, University College Hospital; J. M. Fisher, Hull; C. W. E. Foster, Leeds; George Grewcock, University College Hospital; W. T. B. Hamlyn, St. Mary's Hospital; J. W. Jones, Charing-cross Hospital; W. P. Knott, Guy's Hospital; G. V. Langworthy, St. Bartholomew's Hospital; John Lloyd, Birmingham; Edward Mackey, Birmingham; Joseph Moorhead, Belfast; B. L. Powne, St. Bartholomew's Hospital; W. B. Shorto, Charing-cross Hospital; Joseph Snape, King's College Hospital; E. F. Turner Guy's Hospital; M. A. Wood, King's College Hospital.

The following gentlemen passed their Primary Examinations on the 8th inst.:—R. W. S. Barraclough, Guy's Hospital; Edward Bellew St. Thomas's Hospital; Thomas Bond, King's College Hospital; E. F. Brockman, St. George's Hospital; Henry Cribb, Middlesex Hospital; T. P. Fothergill, King's College Hospital; A. J. Freeman, St. Thomas's Hospital; Griffith Griffiths, University College Hospital; John Grimes King's College Hospital; W. N Heygate, St. Thomas's Hospital; J. W. Hayward, Guy's Hospital; Marshall Hooper, University College Hospital; Robert King, Middlesex Hospital; William Leigh, St. George's Hospital; N. H. Lower, Guy's Hospital; G. W. Mackenzie, London Hospital; F. J. Marshall, St. Mary's Hospital; H. C. P. Masser, Westminster Hospital; G. E. L. Pearse, Westminster Hospital; John Powdrell, St. Bartholomew's Hospital; Llewellyn Powell, St. Bartholomew's Hospital; Henry Rayner, St. Thomas's Hospital; W. H. Reed, St. Thomas's Hospital; F. W. Richards, Bartholomew's Hospital; E. C. Roberts, Guy's Hospital; T. C. Shaw, King's College Hospital; J. B. Siddall, St. Thomas's Hospital; Francis Snaith, St. Thomas's Hospital; W. V. Snow, University College Hospital; W. N. Symonds, Westminster Hospital; F. J. Wadd, St. Thomas's Hospital; Henry Willson, Charing-cross Hospital.

The following gentlemen passed their Primary Examinations on the 9th inst.:—T. G. Bennett, St. Bartholomew's Hospital; W. T. Buckle, King's College Hospital; Edward Carpenter, St. Thomas's Hospital; Philip, Cowen, St. Thomas's Hospital; Reginald Eager, Guy's Hospital; R. C. Earle, Guy's Hospital; T. S. Gimson, St. Bartholomew's Hospital; Ralph Gooding, King's College Hospital; E. S. Green, Guy's Hospital; C. J. Grellet, St. Bartholomew's Hospital; E. W. Hawkins, London Hospital; Frank Howard, University College Hospital; George Jackson, University College Hospital; A. O. Jones, St. Thomas's Hospital; R. H. Kinsey, St. Bartholomew's Hospital; T. H. Knott, Guy's Hospital; Frederick Manser, Guy's Hospital; Henry Maturin, St. Bartholomew's Hospital; Edward Maundrell, University College Hospital; M. J. Mayou, Guy's Hospital; Richard Plowman, St. Thomas's Hospital; T. F. Raven, St. Bartholomew's Hospital; George Richards, University College Hospital; H. O. Steele, Guy's Hospital; H. W. S. Struton, St. Thomas's Hospital; Hugh Taylor, St. Bartholomew's Hospital; Arthur Taylor, Guy's Hospital; Henry Viant, Guy's Hospital; W. W. Wagstaffe, St. Thomas's Hospital; J. G. F. Willord, Guy's Hospital; A. E. Wilmot, Guy's Hospital.

The following gentlemen passed their Primary Examinations in Anatomy and Physiology at the meeting of the Court of Examiners on the 14th inst., and when eligible will be admitted to the Pass Examination:—A. E. Adamson. King's College; S. F. Bagnall, King's College; C. G. Bott, Guy's hospital; H. T. Broughton, Guy's hospital; G. A. A. Coates, St. Bartholomew's hospital; C. T. Dalley, St. Bartholomew's hospital; E. L. Fenn, King's College; J. H. Gornall, Liverpool; Franklin, Gould, King's College; T. H. Green, University College; G. T. Hankins, Guy's hospital; W. A. Harvey, St. Bartholomew's hospital; Thomas Howells, King's College; H. G. Howse, Guy's hospital; David Iles, St. Thomas's hospital; C. F. Knight, Charing-cross hospital; T. D. Leigh, Liverpool; W. G. V. Lush, St. Bartholomew's hospital; A. S. May, St. Bartholomew's hospital; Frederick Noyes, King's College; George Paddon, Guy's hospital; C. D. Pearless, St. Bartholomew's hospital; G. W. Rigden, University College; C. E. Saunders, St. Thomas's Hospital; G. H. Savage, Guy's Hospital; Edward Shorland, Guy's hospital; S. H. Simpson, St. Bartholomew's hospital; Charles Smith Guy's hospital; Walter Smith, University College; S. S. Stephens, St. Thomas's hospital; F. T. Tayler, Guy's hospital; R. E. Threadgale, Charing-cross hospital; D. W. Tomlinson, St. Mary's hospital; J. W. Warburton, Liverpool.

The following gentlemen passed their Primary Examiations on the 15th inst.:—William Akerman, University College; H. R. Archer, St. George's hospital; J. A. Ball, Guy's hospital; R. C. Beck, University College; E. F. Boult, King's College; Paris Bradshaw, King's College; F. J. Burge, King's College; John Carlisle, Middlesex hospital; George Clements, Middlesex hospital; Thomas Collier, Guy's hospital; James Cooke, Belfast; T. A. Compton, St. Bartholomew's hospital; Richard Cresswell, St. Mary's hospital; F. J. Cropp, St. Bartholomew's hospital; J. A. Ensor, Guy's hospital; J. T. Evans, St. Bartholomew's hospital; H. W. Freeman, Middlesex hospital; E. S. Grattan, Belfast; C. B. Greenfield, King's College; W. N. Hiron, Birmingham; F. W. Humphreys, Guy's hospital; Joseph Johnson, Guy's hospital; G. W. Malim, Birmingham; F. le F. Milburn, Charing-cross hospital; James Milward, Guy's hospital; Gifford Ransford, St George's hospital; A. C. Reade, St. Bartholomew's hospital; H. G. Samuels, Dublin; G. H. Shaw, St. Bartholomew's hospital; H. G. Walker, University College; J. B. Ward, Leeds; T. P. Warren, Guy's hospital; S. M. W. Wilson, King's College.

Apothecary's Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 9th inst.:—Thomas Martyn, Cann, Virginstown, Devon; Thomas Carter, Guys; Edward Harley, King's College; Frederick Kelly, London; William Row, Clapham road; William Henry Cecil Tessier, London.

The following gentlemen also on the same day passed their first examination:—Francis Henry Burdett, Birmingham; Samuel Duckering, Sheffield; Richard Wheeler Haines, King's College; John Burges Welch, Kings College.

The New School of Medicine in Melbourne.—A correspondent in the Melbourne 'Argus' makes the following remarks: "I see that Dr. Halford, the lecturer on anatomy to the University of Melbourne, has arrived, and thus that a school of medicine may be said to be now fairly in train, so far as lectures go. The important item, however in the success of the undertaking is somebody to lecture to; and to start the affair, I humbly submit that a little encouragement should be given to intending students,—such as dispensing with the matriculation examination for this and next year, as is allowed to a class of persons not intended especially to be benefited by this institution—*i.e.*, surgeons who have had the means of studying their professions at home. There are many reasons for a slight relaxation of the carriculum for the time above specified in favour of the youth of this colony. The great ones are, the short notice to those who would be willing to enter on the course to prepare for the examination, and the unsatisfactory state of education in the colony till quite recently, also the fact that on the opening of the University in Arts, students were allowed to matriculate without examination; and when laws and the council gave a grace (at the wrong end certainly), but still a concession. There is no doubt it would be much to the interests of the University and the public, though not to the interests of the professors, to grant this, and give the school a start, and one that would not injure the University so much as granting *ad eundum* degrees to members of inferior universities, and not making the interests of the professors identical with that of the University." Dr. Murray, who accompanied Mr. Howitt's exploration party in Australia, as medical officer, has brought back with him to Melbourne an interesting collection of specimens of the flora of the Cooper's Creek district, of the indigenous woods, and of articles illustrative of native life. The timber specimens represent seventeen varieties of trees, the most peculiar of which are the cork tree, so named on account of the peculiarity of its bark, and the orange tree, which bears the singular fruit mentioned by M'Kinlay. In outward appearence, it is not unlike a small orange, but it has a pungent flavour, which renders it disagreeable to Europeans. The taste of the fruit, Dr. Murray says, is something between that of a water melon and cayenne pepper. The collection of the timber specimens was a work of great labour, Dr. Murray having to saw the wood with his own hands. They are to be sent to Dr. Mueller for that gentleman to classify. A sample of pitcheree, a strong narcotic, the use of which enables the natives to chew tobacco and swallow the juice with impunity, is to be sent to Dr. Macadam for analysis. The observations offered by these gentlemen, together with the particulars of the many other interesting articles included in the collection, will probably appear in a volume Dr. Murray proposes to publish, descriptive of the country traversed, and of the expedition.—'Melbourne Argus.'

Dr. Priestley.—The profession will be glad to hear that this accomplished Physician has recovered from his late severe and dangerous illness. During his attack, Drs. Jenner and West were unremitting in their attention to him, and we need scarcely state that on all sides the progress of his illness has been watched with the greatest solicitude by his professional brethren.

The Royal Society.—There are forty-five candidates for the fellowship of this Society, including fourteen members of the medical profession viz., Heury Foster Baxter, M. R. C. S.; William Brinton, M.D., of St. Thomas's Hospital; John Charles Bucknill, M.D.; Thomas Spencer Cobbold, M.D., of the Middlesex Hospital; William Charles Hood, M.D.; William Jenner, M.D., of University College, Physician to the Queen; Edmund Charles Johnson, M.D.; Henry Letheby, M.B., Officer of Health to the City of London; Sir Charles Locock, M.D., Physician Accoucheur to the Queen; Robert Mc Donnel, M.D.; Frederick William Pavy, M.D.; John George Perry, F.R.C.S.; Charles Bland Radcliffe, M.D.; and Samuel James Augustus Salter, M.B.

Medical Coroner.—Dr. Robert Bennet, of Buxton, has been appointed Coroner for the Hundred of High Peak, in the county of Derby, in place of Francis Grey Bennet, Esq., deceased.

Harvey's Coffin.—At a late meeting of the Brittish Archæological Association, Mr. Pettigrew exhibited a drawing of the coffin of Dr. W. Harvey, the discoverer of the circulation of the blood, whose body is "lapt in lead." "He was buried," says Mr. Pettigrew, "in a vault belonging to his family, built by his brother Eliab, at Hempstead, in Essex, where a handsome monument is erected to his memory." The coffin is to be seen in the vault along with those of other members of his family. The shape is curious; it resembles that of an Egyptian mummy, being of the human form without the appearance of the arms. It is entirely of lead, and without wooden cover. On the breast is the name of the deceased with the date of his death, "The 3rd of June, 1657, aged seventy-nine years."

West Kent Hospital.—The newly erected West Kent General Hospital at Maidstone was formally opened on Thursday week. The subscribers, comprising the most influential residents of the county, celebrated the occasion by a dinner at the Mitre Hotel. The cost of the improvements has been 4420*l.* The amount at present raised to defray this is deficient nearly 1,000*l.*

Sanitary State of Holmfirth.—The Medical Department of the Privy Council has sent a Medical Inspector to Holmfirth in consequence of the numerous deaths from scarlet fever caused by the sanitory deficiencies of the town. His report discloses the disgraceful state of the place and suggests many valuable improvements.

Medicine for the Confederates.—The British steamer 'Georgiana' which had on board a cargo valued at a million dols., including a supply of medicines, attempted to run the blockade at Charlestown. She was scuttled by the captain to prevent her capture, and was afterwards shelled and destroyed by the Federals.

Prince Alfred has returned to England in good health. Dr. Armstrong, R.N., who accompanied His Royal Highness, has received the Queen's thanks for his care and attention during his Royal Highness's alarming illness.

Medical Appointments.—B. Barclay, M.D., has been elected a Member of the Natural History Society of Glasgow.—S. Booth, junr., M.D., late Resident House-Surgeon to the Pendleton and Salford Royal Hospital and Dispensary, has been elected Medical Officer and Public Vaccinator for the South Salford District, Manchester, *vice* M. O. Larmuth, M.R.C.S.E., promoted.—J. Candy, M.D., to be Medical Officer and Public Vaccinator for the parish of Alstonfield and the workhouse, *vice* N. B. Twigge, M.R.C.S.E., whose appointment has expired.—J. Darwen, M.R.C.S.E., has been re-elected Medical Officer and Public Vaccinator for District No. 6 of the Birmingham Union.—W. Edwards, Member of the Pharmaceutical Society, has been appointed Dispenser to the Salop Infirmary, Shrewsbury, *vice* W. A. Moses, resigned.—E. Goddard, M.R.C.S.E., Sugeon to the West Herts Infirmary, Hemel Hempstead, has been elected Medical Officer and Public Vaccinator for District No. 1, and the Workhouse, of the Leominster Union, Herefordshire, *vice* H. V. James, M.R.C.S.E., resigned.—N. Grattan, L.R.C.P. & S. Ed., has been appointed Resident Apotheeary to the Cork South Charitable Infirmary and County Hospital, *vice* Richard Callaghan, L.R.C.P. Ed., appointed Medical Officer to the Cork Dispensary District.—T. L. Greaves, L.S.A., has been re-appointed Medical Officer to the Corby District of the Kettering Union, Northamptonshire.—R. Griffith, M.R.C.S.E., has been elected Medical Officer for the Abergele District of the St. Asaph Union.—E. D. Hacon, F.R.C.S.E., has been appointed Surgeon to the Stamford hill, Stoke Newington, &c., Dispensary, *vice* Toulmin, appointed Consulting-Surgeon.—W. Harvey, F.R.C.S.E., has been elected a Member of the Royal Institution of Great Britain.—C. Harwood, M.D., has been elected Medical Officer to the Workhouse of the Sherdlow Union, Derbyshire, and Medical Officer and Public Vaccinator for the Shardlow District of the same Union, *vice* M. T. Jones, deceased.—G. Hawkesford, M.R.C.S.E., has been re-elected Medical Officer and Public Vaccinator for District No. 5 of the Birmingham Union.—J. Hinton, M.R.C.S.E., has been elected Surgeon-Aurist to Guy's Hospital.—W. Hoare, M.R.C.S.E., has been re-elected Medical Officer and Public Vaccinator for District No. 2 of the Birmingham Union.—G. Hother, M.R.C.S.E., has been elected Medical Officer for District No. 1, and the Workhouse, of the West Firle Union, Sussex, *vice* A. J. Doyle, M.R.C.S.E., deceased.—E. Knowles, M.R.C.S.E., has been re-elected Medical Officer and Public Vaccinator for District No. 5 of the Chesterton Union, Cambridgeshire, for one year, from the 25th ultimo.—J. Logan, M.D., has been re-appointed Medical Officer of the No. 2 District of the Kettering Union, Northamptonshire.—F. X. F. MacCabe, L.K.Q.C.P., has been elected Medical Officer and Public Vaccinator for the Kilmakevogue Dispensary District, Waterford Union, *vice* Dr. J. Fitzpatrick, resigned.—T. Mackley, L.S.A., has been re-appointed Medical Officer for the Wilsden District for the North Bierley Union.—G. Paterson, M.D., Deputy-Commissioner in Lunacy for Scotland, has been admitted a Fellow of the Society of Antiquaries of Scotland.—W. S. Playfair, M.D., has been appointed one of the Physicians to the Infirmary for Consumption and Diseases of the Chest, Margaret street, Cavendish square.—J. R. Russell, M.D., has been admitted a Member of the Royal Institution of Great Britain.—G. W. Smith, L.F.P.S. Glas., has been appointed Medical Officer for the Parish of Kirkmichael, in the County of Banff, *vice* Alexander Creyk, L.R.C.S. Ed., resigned.—C. Soden, M.D., has been elected Medical Officer for the Rowan Dispensary District of the Mohill Union, County Leitrim, *vice* J. Wilson, M.D., appointed to the Drumshambo Dispensary district of the Carrick-on-Shannon Union.—C. B. Suckling, M.D., has been elected Medical Officer and Public Vaccinator for District No. 3. of the Birmingham Union, *vice* A. Hill, M.D., whose term of Office has expired.—C. R. Suffield, L.R.C.P., has been elected Medical Officer and Public Vaccinator for District No. 1 of the Birmingham Union, *vice* W. M. Richards, M.R.C.S.E., whose term of office has expired.—E. S. Thompson, M.D., has been appointed Assistant-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.—F. J. Toulmin, F.R.C.S.E., has been appointed Consulting-Surgeon to the Stamford hill, Stoke Newington, &c., Dispensary, *vice* W. Kingdon, F.R.C.S.E., deceased.—E. White, M.R.C.S.E., has been re-elected Medical Officer and Public Vaccinator for District No. 4 of the Birmingham Union.—J. Wilson, M.D., has been appointed Medical Officer for the Drumshambo Dispensary District of Carrick-on-Shannon Union.—W. Young, M.D., has been elected a Member of the Natural History Society of Glasgow.

APPOINTMENTS FOR THE WEEK.

Wednesday, April 22.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Hunterian Society, 8 p.m.—Dr. Herbert Davies, "On a Case of Aneurism of the Arteria Innominata."

Thursday, April 23.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m.—Vesico-Vaginal Fistula, Ruptured Perineum, Fistula of Rectum; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Prof. Ansted, "On Geology."

Friday, April 24.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Royal Institution, 8 p.m.—Mr. A. S. Herschel, "On Luminous Meteors."

Saturday, April 25.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Max Muller, "On Language."

Monday, April 27.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, April 28.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

Mr. J. Newsham.—The notice shall be inserted.

Mr. M. C., Manchester.—Your request shall be complied with.

Juvenis.—The book was duly forwarded to the office.

Chirurgus.—The Society to which you allude is of long standing, and you cannot do better than join it.

Dr. J. Wilkinson's letter has been received.

Mr. Martin Weiss.—The letter sent throws no new light upon the case. The report was taken from a daily paper.

Quercus.—The efficacy of the *Scrofularia nodosa* in Phthisis is very doubtful, and the cases described are by no means conclusive. The plant is not known to possess any active properties.

Dr. L. H.—The communication is hardly suited to our columns.

Psychiatros.—The notice will appear next week.

A Student.—The Review alluded to has been delayed from unavoidable causes.

R. W. B.—The journal you mention is worthy of the support of the Profession, as it takes a fair view of questions relating to Medicine.

A. Z.—A licentiate of the Royal College of Physicians of London may send out his own medicines, and he pays 15*l.* 15s. for the licence; a member pays 31*l.* 10s., undergoes a different and more severe examination, and is prohibited from supplying medicines. In the Edinburgh College there is a distinction only between the Licentiates and Fellows, the latter being the governing body.

Dr. Yearsley's MS. reached us too late for insertion in the present Number.

PARISIAN MEDICAL NEWS.

Clinique Médicale de l'Hôtel-Dieu de Paris (Clinical lectures delivered at the Hôtel-Dieu of Paris), *by A. Trousseau, M.D., Professor of Clinical Medicine at the Faculty of Paris, Physician to the Hôtel-Dieu, Member of the Academy of Medicine, Commander of the Legion of Honour, Grand Cross of the Lion and Sun of Persia &c.* (*a*).

Few scientific periodicals have been more instrumental than the present journal, in extending the popularity of Mr. Trousseau's clinical lectures. With the exception of a limited number of subjects recently introduced into Science, and which at a fitting time it is our intention to advert to, we have expatiated on all the questions which have during every session, formed the text of the brilliant and fruitful lectures of the most popular of French professors. But although the subscribers of the *Journal of Practical Medicine and Surgery*, have thus been placed in possession of the substance of Mr. Trousseau's views, although we have endeavoured in our brief abstracts to describe his mode of examination of patients, and appreciation of pathognomonics; although accurate notions of the progress and treatment of disease have been imparted in our pages, yet we feel confident that our readers will hail with satisfaction the embodiment in a splendid work of the theories, facts, and commentaries which form, by their assemblage the clinical tuition of the master to whom the profession is already so highly indebted.

After an eloquent introduction in which the author shows how the student can acquire the knowledge and capacity which will fit him for his professional duties, Mr. Trousseau devotes the first section of his work to the study of eruptive fevers. He examines, in succession, *scarlet fever, measles, small-pox, natural and inoculated, vaccine, chicken-pox, roseola, typhoid, typhus, and mumps.* The consideration of these diseases, leads him by an easy transition, to an interesting disquisition on *contagion and specificity.* Mr. Trousseau then turns to the history of exanthemata, connected with eruptive fevers by one phenomenon, the cutaneous eruption, and describes severally with a happiness of language, which is one of his gifts, and an amount of acumen which embraces every important detail, *sudoral exanthemata, urticaria, Zona, erythema nodosum, erythema papulatum, erysipelas,* and lays especial stress on *erysipelas of the face,* and the momentous *erysipelas of infants.*

Mr. Trousseau's predilection for diphtheria is notorious; the study of this disease is closely allied in his mind with the most pleasing recollections of his youth, and he alludes with fond pride to the laurels he gathered in the early periods, and throughout the course of his long career, by the practice of tracheotomy. Let the reader open the first volume of the *clinical lectures,* and he will find, page 312, the most complete and exhaustive history of *diphtheritic angina* and *croup,* of *diphtheria maligna,* of the *various local manifestations of diphtheria,* of *stomatic diphtheria,* and of the *paralysis,* consequent on the affection. The question of treatment is handled in a truly masterly manner. After an appreciation of the different medications recommended for the cure of croup and diphtheria, the author gives an account of the results he has obtained from the various procedures recently advocated for the catheterism of the larynx, and concludes with a luminous disquisition on the circumstances in which *tracheotomy* should be performed, and on the precautions which ensure its success.

But diphtheria is often confounded with other varieties of angina, and it was necessary to describe the discriminating signs of every form of the disease; this task Mr. Trousseau addresses himself to, with his usually perspicuity, and he shows in particular that common pseudo-membranous sore throat (herpes of the pharynx), is frequently mistaken for diphtheria. He describes gangrenous angina, arising from *excessive inflammatory action,* and supervening as a complication in the course of protracted exhausting diseases, or as a complication of angina scarlatinosa, or of genuine diphtheria; and he also sketches the history of *primary gangrenous angina,* and of *phlegmonous angina.*

In a subsequent chapter, Mr. Trousseau directs his attention to the study of *thrush,* which has likewise been confounded with pseudo-membranous affections, and adverting to *laryngismus stridulus,* the professor establishes in the clearest manner the discriminating signs of *croup* and of *pseudo-croup.*

The concluding section of the first volume of the *Clinical Lectures* is devoted to *hooping-cough, asthma, hæmoptysis, bronchorrhœa, phthisis, gangrene of the lung, pulmonary abscess, pneumonia* in all its forms, *pleurisy, and pleuritic effusion,* and *diseases of the heart, and of its envelopes.*

In these chapters many useful practical hints will be found on the subject of *paracentesis thoracis.*

The first part of the second volume is devoted to a series of lectures on diseases affecting the nervous centres. *Epilepsy* is the first on Mr. Trousseau's list, and is ably contrasted with other morbid conditions which present more or less resemblance to it, such as *epileptiform neuralgia. Apoplectiform congestion of the brain* is then studied in its connection with epilepsy and eclampsy. Several highly interesting chapters follow on *infantile* and *puerperal convulsions;* we may here repeat what we have already stated on other occasions; in the treatment of eclamptic fits, Mr. Trousseau shows no more confidence in general or local bloodletting, as a means of removing the *alleged cause,* than in the treatment of epilepsy or eclamptic convulsions of infants: "Antispasmodics," says the author, "are here clearly indicated, and amongst the remedies belonging to this class, anæsthetic inhalations, are, in my opinion, the most efficacious."

Amongst the following conferences, we must mention that in which the Professor describes the singular disease denominated *intermittent tetanus, idiopathic paralysis and rigidity,* or *spasmodic rheumatism of nurses,* which Mr. Trousseau now calls *tetania.* This affection promptly yields to venesection and cupping along the spine, and in cases of marked debility and languid circulation, to quinine, combined with small doses of belladonna or opium.

The different varieties of chorea occupy an important place in the work; this general denomination is not exclusively applicable to St. Vitus's dance, but includes various diseases in which agitation, disordered movements, and irregular jactitation are commonly observed, and point to loss of voluntary control over muscular action. With regard to St. Vitus's dance, we find that the success obtained by Gillette, from the exhibition of tartar-emetic, has not induced Mr. Trousseau to adopt the same practice. After repeatedly trying its efficacy, the author has come to the conclusion that it is really serviceable in obstinate cases, but in general he resorts to another kind of treatment, requiring considerable delicacy of management, and on which he supplies the reader with all the desirable particulars, namely, the administration of the syrup of sulphate of strychnia, containing one grain of the active ingredient for every three ounces of syrup.

After expatiating on this question, Mr. Trousseau describes various other forms of chorea, such as *rhythmic chorea, tic douloureux,* and *tic unattended with pain, chorea scriptorum, hysterical chorea, hysterical cough, paralysis agitans,* and *progressive locomotive ataxy,* a singular affection, the pathology of which has been much elucidated by the researches of Mr. Duchenne (of Boulogne), but still requires further investigation. Mr. Trousseau then diverts from his subject, and perhaps with a view to rest the reader from the mental application, necessary for the intelligence of the more or less dreary topics laboriously inquired into by Mr. Duchenne, parenthetically turns to the consideration of *alcoholism.* This theme is, however, closely connected with ataxy, and gives rise to a tremulous muscular action associated with wandering, which has received the denomination of *delirium tremens.* Mr. Trousseau especially points out to the attention of the observer *latent alcoholism,* a sort of saturation of the system by the poison of fermented liquids, which for a long time may exist without betraying its presence by any active signs of disease,

(*a*) Two vols., roy. 8vo.; pp. 800. J. B. Baillière and Son, 19 Rue Hautefeuille, Paris.

but on the occurrence of any acute affection, suddenly breaks out, and gives rise to formidable complications, in the shape of unexpected delirium, and a degree of ataxy entirely out of proportion with the usual symptoms of the intercurrent complaint. *Spermatorrhœa* and *nocturnal incontinence of urine* occupy a large space in these digressive remarks, and the author enumerates the remedial agents best calculated to avert the melancholy consequences of the involuntary escape of the seminal fluid.

Mr. Trousseau then returns to diseases of the nervous system, and describes *progressive muscular paralysis*, and *cerebral hæmorrhage*, which he carefully discriminates from *apoplexy*; he shows the inefficacy of blood-letting in general, and of aperients and purgatives in cerebral hæmorrhage, and of apoplexy, and points out the discriminative signs of *ramollissement* and hæmorrhage, expatiates on the pathology of *transverse* or *crossed palsy*, of *facial paralysis*, and devotes a long and important chapter to the history of *brain fever*.

From diseases of the encephalon, the Professor passes to those of the stomach, and the study of *gastric vertigo* (*vertigo à stomacho læso*) forms a natural transition from one subject to the other. The symptoms characteristic of this functional disturbance are not unfrequently attributed to a congestive condition of the brain, and the remedies exhibited for the removal of this supposed cause, invariably aggravate the affection. The only appropriate treatment is that which is applicable to *dyspepsia*.

Dyspepsia, says Mr. Trousseau, should be considered not in the light of a separate disease, but as a morbid phenomenon coincident with numerous complaints. Even in cases in which its predominance would admit of dyspepsia being viewed as a distinct morbid entity, it still remains subject to many conditions. Mr. Trousseau therefore remarks on the tendency of the system, and of the organs to accommodate themselves to the action of stimulus, and applies these notions to the study of dyspepsia. He delineates the dyspepsia consequent on an exaggerated excitation of the secreting or muscular powers of the stomach. The passages concerning that species of neurosis, termed by the author "exhaustion of vital action," and of the form of dyspepsia which it entails, will be perused with interest, and we also invite the attention of the reader to the observations on the sympathetic varieties of dyspepsia coincident with intestinal, hepatic, or uterine affections.

The author concludes his remarks on gastric disease by the history of *chronic perforating ulcer of the stomach*, and addresses himself to the description of every variety of affection of the intestines at the different periods of life, from the diarrhœa of infants to the dysentery of the aged, and notices *constipation, fistula in ano, obstructions*, etc.

The limits assigned in the present Journal to bibliographical articles deprive us of the gratification of enlarging further on the details of these clinical lectures, and we must confine ourselves to the enumeration of the subjects treated on in the concluding part of the second volume, viz., *hepatic colic, biliary calculus, hydatids of the liver and lungs, glucosuria, polydipsia, exophthalmic goître, syphilis neo-natorum, Addison's disease, leucocythemia, gout, paludal fevers, rickets*, and a *plementary chapter on locomotive ataxy*.

This brief sketch shows the comprehensive nature of the work now presented to the profession by Mr. Trousseau. These volumes are dedicated to P. Bretonneau, and the genius of the Tours Professor is reflected throughout their pages. Here and there the inspiration of Graves is also perceptible, but Mr. Trousseau nevertheless remains original, and acknowledges with pride the legitimate share of his favourite authors, in the success of his clinical studies, and of his deservedly popular tuition.

Annuaire Pharmaceutique ou Exposé analytique des travaux de pharmacie, physique, histoire naturelle pharmaceutique, hygiene, toxicologie et pharmacie legale, précédé des programmes de l'Enseignement en France, et du service des hopitaux civils et Militaires (An Annual of Pharmaceutics, being an analytical review of the progress of pharmacy, natural philosophy, natural history, hygiene, toxicology, forensic chemistry, preceded by the curriculum of the studies in French Universities, and by a list of the professors in Military and Civil Hospitals), *by O. Reveil, Chief Apothecary of the Hospital for Infancy, and Fellow of the Schools of Pharmacy and Medicine of Paris.* (*a*)

Those who from ignorance, or a feeling of disdain, might still entertain some doubt as to the importance of the functions of the chemist in modern society, would be soon convinced by a glance at the present work, of the injustice of such obsolete opinions. Let these few sceptics but peruse the volume before us, and they must acknowledge that in his manifold capacity of chemist, hygienist, naturalist, and natural philosopher, the pharmacologist is the necessary auxiliary of justice in all questions connected with forensic chemistry; of the tradesman, in the discovery of adulterations; and of those engaged in the working of mineral ores, &c. They will perceive that public and private administrations find in the practical chemist a learned, zealous, and laborious assistant, who when an appeal is made to his knowledge and ardour, spares neither his exertions nor his self-denial.

It is needless, however, to dwell on the subject, in a journal addressed to medical practitioners, who are fully sensible of the numerous deserts of the apothecary, and aware of the close connection of both branches of the profession, cannot be indifferent to the interests of either. We cannot therefore doubt but that Mr. Réveil's *Annual* will be received with favour, and that the useful enterprise undertaken by this well-known savant will meet with the encouragement it deserves.

This volume, which is the first *Annual of Pharmaceutics*, contains in the first place a description of the course of Study in French Universities, an enumeration of the learned Societies instituted for the development of chemical science, and of the Professors in the civil, military, and naval hospitals. It further supplies a conspectus of the various inquiries, published during the year 1862, on subjects of general and practical pharmacy, natural philosophy, natural history, hygiene, toxicology, and forensic chemistry. The Universal Exhibition and the revision of the Codex, have also contributed matter of considerable interest to the pages of the *Annual*.

Next year, Mr. Réveil and his laborious co-operators intend to dwell more at large on the analytical exposition of subjects connected with practical pharmacy, and engage carefully to collect the documents published in all foreign European periodicals. In his preface, Mr. Réveil states that the *Annual of Pharmaceutics* will become the necessary complement of the *Formulary of New Medicines and Medications*, shortly to be published by Messrs. J. B. Baillière and Son, but the little volume edited by these gentlemen even now contains a selection of recent formulæ, of considerable interest to the practitioner.

A Handbook of Uterine Therapeutics, by Edward John Tilt, M.D., Member of the Royal College of Physicians, Consulting Physician of the Farringdon General Dispensary, etc. (*b*)

Although the *Journal of Practical Medicine and Surgery* professes to be the exponent of the progress of Medical Science in France only, yet a work from the pen of a former pupil of the Hospitals of Paris, who for a series of years was a popular practitioner in the French capital, has a distinct and legitimate claim upon our notice. The present volume is the corollary and complement of other publications by the same author on *uterine and ovarian inflammation, on the change of life in health and disease*, and on *the principles of female hygiene*, which have run through several editions, a fact more suggestive of their worth than any praise it is in our power to award. The *Handbook of Uterine Therapeutics*, now presented to the Profession, embodies the results of the practice and experience of Dr. Tilt, who is in entire communion of ideas with Dr. H. Bennet. The author expounds in as many chapters the elements of *uterine dietetics, of antiphlogistic* and *sedative treatment*. In the chapter devoted to *caustics*, the indications and management of these often blindly applied remedies are laid

(*a*) One vol., 18mo, pp. 400. T. B. Ballière and Son.

(*b*) One vol, 8vo. pp. 309. John Churchill and Sons.

before the reader, and the remarks on the use of *tonics* and *hæmostatics* will also be read with much benefit.

On the subject of *uterine orthopædics*, Dr. Tilt is at variance with Professor Simpson, and agrees with Baron Dubois, Aran, Scanzoni, and others, that the stem-pessary has not fulfilled the promises of its name, leads to hazardous practice, and may even induce dangerous results.

The treatment of *sterility*, and the *influence of the climate of India* on the symptoms and progress of uterine disease, are distinctly original, and especially interesting to the English reader. This volume, from which merely elementary matter has been wisely discarded, will be found a safe guide to the practitioner, and is concluded by a carefully selected formulary of the preparations which in the author's experience, have been most beneficial. Each subject is handled with the delicacy required by the nature of the questions alluded to and is illustrated by a brief but sufficient account of cases from the author's practice, and we much regret our inability to bestow more than a passing glance at so valuable a contribution to uterine pathology.

MISCELLANEA.

— Mr. Dorvault, Director of the Central Pharmacy of France, has received the Cross of the Legion of Honour.

— Yellow fever has made its appearance on the Western Coast of Africa, and has been equally prevalent at the French Establishment of Grand Bassam, and of Assinia (Golden coast). Dr. Gonez and Dr. Saronille, whose exertions to check the progress of the disease have been duly appreciated, have both been named Knights of the Legion of Honour.

— At a recent meeting of the Institute, Mr. Payen reported on a paper sent in by Mr. A. Chevalier, on the most efficacious means of rendering the stuffs used for the manufacture of ladies' dresses inflammable. Only three salts have hitherto been found to answer this purpose, without injury to dye, gloss, or texture—viz., the sulphate and phosphate of ammonia, and the tungstate of soda. But the two former are decomposed by the heat of the smoothing-iron, and for linen, therefore, a solution of 20 per cent. of tungstate of soda should be preferred.

— Mr. Ramon de la Sagra has sent into the Academy the statistical returns of the hospitals of Cuba. From 1855 to 1859, the number of patients admitted was 748.320, of whom 54.272 died. The number of cases of yellow fever included in the above figures was 53.673, the deaths from that disease amounting to 13.750. The disorder would appear to have increased in intensity during the last 35 years, and is now chiefly prevalent in July, August, and September.

— It is our melancholy duty to record the demise during the past month of M. Bouteiller, sen., of Rouen, Follet, of Amiens, Spielmann, of Strasbourg, Vignes, of Toulouse, and Golfin, of Montpellier.

Royal Infirmary, Edinburgh.—We understand that Dr. John Struthers has just resigned his appointment as one of the surgeons of the Edinburgh Royal Infirmary, on account of the occupation of his time with his anatomical duties.

The Late Dr. Fowler, of Salisbury.—This gentleman, who for many years practised in that place, has just died at the advanced age of ninety-eight years. He has for twenty years retired from the more active duties of the profession; he, however, passed through a long and arduous practice. He obtained his degree of M.D. at the University of Edinburgh in 1793, was admitted a licentiate of the Royal College of Physicians in 1796, and then settled at Salisbury. Dr. Fowler was at once elected Physician to the Infirmary in that city, and continued to discharge the duties of that office with great zeal and ability up to 1847, when advancing years induced him to resign. He was the oldest Fellow of the Royal Society, and was also member of various other learned societies. His remains were interred at Salisbury, the pall being supported by four members of the profession—John Winzar, John Andrews, G. R. Tatum, and J. A. Lush, Esqrs., the two former being pupils at the Infirmary during the time when Dr. Fowler was Physician.

The Medical Circular.

LECTURES
ON DISEASES OF THE EAR.

By James Yearsley, Esq., M.D.

(Continued from page 187.)

It was not till 1840 that the Internal treatment of diseases of the ear by Catheterism of the Eustachian passages, and by remedies directed to the throat, had obtained a firm footing in this country. Within the three preceding years had been published Dr. Bennet's translation of Kramer's work, Mr. Pilcher's Treatise on the Structure and Diseases of the Ear, and my own Contributions to Aural Surgery, and as has been seen by the criticisms upon previous English authors, catheterism had been incidentally mentioned by more than one, and even adopted, by Buchanan, but it had never been made a distinguishing feature in practice. The German aurist, however, appears to have written his book with no other object than to sound its praises, unless it be supposed he had another in abusing his predecessors and contemporaries, which it must be admitted he did most unsparingly. The conceit of the man could never have permitted him to realise the maxim well known in this country (though it may be unknown among German doctors), namely, that "those who live in glass houses should not throw stones," for certainly never did any writer so mercilessly lash his contemporaries, and attempt to undermine their treatment with so little pretensions of his own to justify his criticisms; never did any writer cause so much disappointment by his confident and exaggerated statements. In France and elsewhere, though not in England, catheterism had been practised for years Deleau and Itard especially had sanctioned and matured the treatment, Kramer, however, introduced modifications in the application, worthless in themselves, nevertheless sufficient to enable him to build up a reputation which, by bold and reckless assertions of success, he managed to maintain for a series of years. The common sense view of Guyot, the postmaster, was, that mucus may become inspissated and block up the cavity of the tympanum, and that it may be washed out by injections through the Eustachian tube, an idea which was followed up by Wathan and Cleland, in his own time, and in our time by Itard and Deleau, modified by the latter, who substituted atmospheric air for fluids. But this was too simple a procedure for the imaginative German aurist, who, thereupon carried out the notion of Itard, that the vapour of acetic ether might be used to stimulate the torpid nerve in cases of so-called nervous deafness—of course he found it successful, and down he sat to write the most delusive as well as the most illiberal book ever penned.

It is in that immortal work, the "Spectator," we read how one author is a mole to another—whilst there are moles through ignorance, there are others who are moles through envy. It is impossible for them to discover beauties in one another's works; they have eyes only for spots and blemishes; they can indeed see the light, as it is said of the animals which are their namesakes, but the idea of it is painful to them; they immediately shut their eyes upon it, and withdraw themselves into a wilful obscurity.

Thus it is with the critic I have thought it my duty to criticise—scarcely a word of praise could he find to bestow on any one of those who preceded him or of his contemporaries, so that even his translator felt bound to apologise for the exhibition of a spirit of criticism which had carried his author too far, and which in a few instances he deemed it his duty to notice. Neither in his own country, nor in this, nor anywhere else that I am aware of, is there much dependence now placed in any one of his statements, though in the first instance many practitioners were misled by them, so plausible and truthful did they appear. I am told that having lost the confidence of his countrymen, he has now for many years been a sort of itinerant practitioner, sometimes to be heard of at Munich, sometimes at Dresden, and other large cities of great populations, even London, has had its share of his peregrinations.

It is said that his visit to this country was brought about at the instigation of a London Physician, who in travelling to Berlin caught cold, which led to one of his accustomed attacks of extreme deafness. He called upon the German, by whom he was successfully catheterised. Now, as I happen to have attended the physician in question, and know his case well, which is structural disorganisation of the membrana tympani, I am in a position to aver that the mere removal or disturbance, or even change of position of the sordes, or accumulated secretion, on the site of the disorganised membrana tympani, as was probably done by the syringe or the probe, would have been sufficient to effect the improvement, as my wetted cotton remedy did when he became deaf again on his return to England, and which remedy would continue to serve him were it not that the patient lacks the necessary dexterity for applying it. I will go further and say that to introduce a catheter in a case of recent *cold*, which is another word for

inflammation of the mucous membrane, is a most improper proceeding. These lines may, or may not, meet the eye of my *quondam* patient, but I will tell him that, with such a condition of ear as he unfortunately labours under, it is his inevitable fate to experience from time to time great variations in hearing. His reliance on catheterism is simply ridiculous, and is another instance how easy it is for an aural practitioner if he is so disposed, to mislead even those who pass for men of science. If it be true, as reported, that the German was allured to this country to re-open the Eustachian passages of the physician under a promise that the said physician would send him *thirty patients*, I must enter my protest against such unfair conduct towards his own countrymen. It would be outrageously absurd to suppose that, if catheterism were required to be done, the aural surgeons of London were incompetent to perform it; but to make others pay for the German aurist's visit, if it were so, was well characterised by one of the noble victims as "a clever dodge but an unworthy action."

Report goes on to say that the physician has since admitted that not one of the thirty patients was benefited by the German aurist! They had all been patients at one time or another, of Mr. Harvey, Mr. Toynbee, or myself, and, doubtless, would have been relieved had it been possible.

The ups and downs of Eustachian Catheterism must ever be a subject of interest to the aural surgeon. Its history is so easily traced that I shall be pardoned for devoting a little space to the narrative. In the first place we have Guyot looking to the Eustachian passage as the route by which he was to reach and remove the cause of his own deafness.

He had laboured under the infirmity for a great many years, and it had weighed so heavily upon his mind as to lead him to investigate the anatomical structure of the ear. His attention was particularly drawn to the passages connecting the ear with the throat, which, from the date of their discovery by Eustachius, nearly two hundred years before, appeared, so far as they might be concerned in the maladies of the ear, to have been quite overlooked. Guyot thought that, possibly, in his own case, these passages were obstructed, and to this happy idea we trace the introduction of a very successful method of treating certain diseases of the ear.

In the year 1724 he brought before the Royal Academy of Medicine at Paris the apparatus he had invented, but little more than ingenuity appears to have been accorded to it. Still, however inadequate to the purpose the apparatus might have been, the idea was good, and it was not altogether lost sight of. But he had unfortunately attempted to get at the orifice of the Eustachian passage through the mouth, and it was left to our own countryman Cleland to demonstrate the proper route. To Cleland must be ascribed the first introduction of a catheter through the nose into the Eustachian tube; and in the year 1731 he published a paper in the Philosophical Transactions, vol. xli. Pt. II., p. 848, giving an account of instruments "proposed to remedy some kinds of deafness proceeding from obstructions in the external and internal auditory passages." After recommending an apparatus for steaming the outer passages and dissolving the wax, he says, "If this has not the desired effect, and the person still remains deaf, the following instruments are made to open the Eustachian tube. If, upon trial, it should be found to be obstructed, the passage is to be lubricated by throwing a little warm water into it by a *syringe*, joined to a flexible silver tube, which is introduced through the nose into the oval opening of the duct, at the posterior opening of the nares towards the arch of the palate. The pipes of the syringe are made small and of silver to admit of bending them as occasion offers, and for the most part resemble small catheters. They are mounted with sheep's ureter, the other end of which is fixed to an ivory pipe, which is fitted to a syringe, whereby warm water may be injected; *or they will admit to enter into the Eustachian tube, and to force air into the barrel of the ear, and dilate the tube sufficiently for the discharge of the excrementitious matter that may be lodged there.* The probes, which are of the same size with the pipes, have small notches near the points, which take in some of the hardened and glutinous matter that is contained in those tubes, which is distinguished by the fetid smell when the probes are withdrawn.

About the same time Douglas laid claim to some inventions, by which he declared he had obtained the most favourable results; but he was unable to give any proofs of his success. Sabatier, nevertheless, ascribes to him the introduction of the practice of injecting the Eustachian tube through the nostril.

In the year 1755, Wathan, another English surgeon, published a most interesting paper upon the subject in the Phil. Trans. vol. xlix. Part 1, p. 213, in which, for the first time, we find histories of cases of at least partial success. Regarding catheterism of the Eustachian passages as the first great epoch in the history of Aural Surgery, and Wathan's exposition of the new treatment as an admirable specimen of practical writing, which I much regret is not oftener imitated in our own day, I make no apology for quoting this paper without curtailment.

A Method proposed to restore the Hearing when injured from an Obstruction of the Tuba Eustachiana. By Mr. Jonathan Wathen. *Surgeon, in Devonshire Square. May* 29, 1755.

"Whatever obstructs that passage leading from the ear into the nose, called Tuba Eustachiana, so as to hinder the ingress of the air through it into the cavity of the tympanum, is, I believe universally, esteemed destructive to the sense of hearing. Hippocrates observed, that, in a quinsey of the fauces, the patients became deaf by its compressing and closing the tube. Many practical writers assert the same to have happened from adjacent ulcers, &c. Valsalva relates that a certain yeoman had an ulcer above the uvula, on the left side, which communicated with and corroded part of the orifice of the left Eustachian tube, which, when he stopped with a tent dipped in medicine, he immediately lost his hearing on that side, but recovered it as soon as the tent was taken out; and I have known a swelled tonsil occasion deafness.

"This canal opens into the lateral and anterior part of the cavity of the tympanum;—is so shaped, that it first decreases as it descends towards the posterior part of the nose; becoming very narrow; then, suddenly diverging, is much enlarged, opening into the posterior part of the nose by an elliptical orifice, a little prominent, turning inwards or forwards, placed laterally, and just above the velum palati. This canal, then, is composed of two distinct cones, the extremities of which unite together, but their bases diverge differently. It is likewise lined with a porous membrane, full of cryptæ and mucous cells, continued from and like to the membrane of the nares.

"When, therefore, we consider the structure of the Eustachian tube, and its free communication with the atmosphere, we may reasonably suppose it subject to inflammation of its membrane, and concretion of its mucus from cold, &c., like the external meatus; and, although its mucus is of a very different nature, it is nevertheless liable to inspissate by heat when its thinner parts are exhaled.

"And, from the form of this passage, we may easily conceive that an obstruction pretty far advanced is not to be removed without difficulty, and that, in proportion as it is more or less complete, the hearing will be more or less injured. Why, then, may not this be suspected as sometimes the cause of deafness? Perhaps it is not unfrequently so; *e. g.*, when a patient is sometimes deaf from cold, and the outer ear has been examined and found clear of hardened wax, &c., it is, nevertheless, not uncommon to find himself suddenly relieved by a great noise in his ear. This is probably owing to the breaking away of the congealed mucus and the rushing of the air into the tympanum; so that, when this disorder is but slight and recent, nature seems frequently to relieve herself, but when more confirmed, her efforts are ineffectual for its removal. These considerations inclined me strongly to think the hearing might suffer from that cause, and I was much confirmed therein by the following very remarkable case:

"Richard Evans, aged thirty-five, was exceedingly deaf in both ears, and no visable disorder appeared in the external meatus. It arose from cold, and had existed for several years, during which time no art or means could procure him the least relief. In August last he died of the small-pox, at the hospital in Cold Bath Fields. I took that opportunity to examine the Eustachian tube of each ear, and found them both stuffed with congealed mucus, which was observed by two gentlemen of the profession present. This was the one visible cause of the deafness, the other parts appearing in their natural state.

"As all these concurring circumstances strengthened me in my opinion, they likewise led me to make trial of an operation that was some time ago proposed to the Academy of Science by Mons. Guyot; but the author never having practised it, he wanted the recommendation of facts to support and enforce it, and it was therefore rejected by them as impracticable.

"I first introduced my probe a little bent at the end, *through the nose*, into the tube of several dead subjects; and having thereby acquired a facility, I made an experiment of the operation on a person who was very deaf, and in whose case all other means had proved ineffectual. No sooner had I withdrawn the probe than he said he could hear much better. This success excited my further endeavours, so that I had pipes of different sizes adapted to a syringe, and have since injected the meatus internus in the following manner, with great success:—

"The pipe is made of silver, about the size and length of a common probe, and a little bent at the end; this being fixed to an ivory syringe full of liquor (viz. a little mel rosarum, in warm water,) must be introduced between the ala and septum of the nose, with its convexity towards the upper part of the aperture of the nares; and thus continued backwards and a little downwards, till it comes near the elliptic orifice, then its convexity is turned towards the septum, by which the inflected extremity enters the Eustachian tube with ease; the liquor is then impelled throughout into the tube, by which the sordes, if any, being diluted, are washed out, and regurgitate through the nose and mouth, or both, with the injection, and, if the quantity be large, may be seen.

"I have endeavoured to ascertain the symptoms that indicate an obstructed tube, but have not been able to do it with any degree of certainty; nor can I see the great utility of it, could it be done; for the only disorders of the ear that at present admit of chirurgical help are those of the external meatus, ulcerated and swelled tonsils, &c., all of which are generally visible; and when they are not the cause of deafness, little or nothing is ever attempted, the patient being left to shift for himself. But now another probable chance at least is given to the unhappy sufferer, and being the only one (the other being either improper or tried before without success) may be made use of without delay or attendance to corroborating symptoms; at least, till they render themselves more conspicuous and certain than I have hitherto been able to find them; and as the operation is not at all dangerous, it neither has nor will be thought painful by those who desire to recover their hearing."

(To be continued.)

ON TOBACCO: IN ITS RELATION TO THE HEALTH OF INDIVIDUALS AND COMMUNITIES.

By Dr. W. B. Richardson.

The facts and inferences to be presented, under the above named heading, were collected, in part, last year for a paper intended to be read at the London meeting of the National Association for the Promotion of Social Science.

Unfortunately, I commenced the inquiry too late to be able to complete it in such a way as, on becoming fully conversant with it, I thought it deserved; and it is not until the present time that I have felt warranted to speak, lest I should place myself among those numerous disputants who, ever since the days of the author of the famous "counterblaste," have spoken but have not studied.

In these papers it is my intention to found every position on individual research. In some instances, truly, the research will rest on the previous labours of other inquirers, but in all cases the evidence rendered will be confirmed by new observation. Again, it is my hope to write throughout without bias. The arguments for and against tobacco, as they have been delivered, have been based on so little real knowledge, and expounded with so much unequal vehemence, that I, for one, have never been able to come to any conclusion respecting their value; and I presume the large majority of people have felt the same difficulties, for I observe that the number of protesters against tobacco have increased in proportion to the increase in the number of smokers and in the tobacco returns of the revenue.

I need say little more by way of introduction, except to solicit the patience of readers. They must not turn to any of these papers to find dogmatic statement and the bold *ipse dixit*. They must learn as I have learned, if they would follow me. They must be content to begin with principles simply stated, and to draw conclusions from data as nearly positive as may be obtainable. Now to the work.

Composition of the smoke of tobacco.—Before we can proceed to offer any remarks bearing upon the action of tobacco on the body of the smoker, it is essential that we should possess a perfect knowledge, in so far as such knowledge can be rendered perfect, of the chemical substances to which the smoker is exposed during the act of smoking. As yet, the chemistry of tobacco has been mainly written on the basis of experiments made to determine the properties of tobacco-leaf, without reference to the peculiar mode by which the leaf is decomposed in a pipe or cigar. I have not considered this procedure as fair, and have therefore followed a new plan. I constructed a small pair of bellows on a principle which made them act as the lips and chest of the smoker act in the process of smoking. The bellows, in these inquiries, drew over the air in small whiffs; part of the smoke produced by the combustion was allowed to escape from the mouth of the pipe or the lighted end of the cigar, as occurs in ordinary smoking, while the remaining portion of the smoke, which in the man would be taken into the lungs, was drawn into the bellows, and subjected to analysis.

Thus the condition of the smoker was accurately imitated, and the products to which he is exposed were carefully determined, in relation both to their quality and to their quantity.

To make the examination still more certain, different specimens of tobacco were used: different kinds of pipes were also employed—the fine porcelain bowl and stem, the small cutty, the long churchwarden, the virgin pure clay, the black odorous "coloured clay," the meerschaum, new, and "coloured," and the wooden pine in different stages of its development towards what your tobacco epicure calls a "gem specimen."

We shall see as we progress that the widest differences prevail in respect to the products arising from differing cigars, differing kinds of tobacco, and differing pipes; but it will be well, as a preliminary, to lay before the reader an account of the substances which are common to all varities of tobacco-smoke. For it is to be observed that such differences as exist are due to quantity rather than to quality, and that in every variety there are present certain bodies of which the smoke may be said to be composed.

Firstly. There is in all tobacco-smoke a certain amount of *water vapour*, which may be readily condensed by passing the smoke through a glass globe surrounded by a freezing mixture; this water is always impregnated with other substances, from which it may be separated, and it varies in quantity even in the purest specimens of the plant, according to the extent to which the plant has been exposed in desiccation or drying, before it is subjected to experiment. We may consider the water as innocuous, unless it be the bearer of soluble substances which possess active properties.

Secondly. There is present a small portion of free *carbon*. The carbon may be determined by the mere mechanical act of driving the smoke through cotton-wool. The carbon is deposited on the fibre of the cotton as a fine powder, rendering the fibre dark and dusty. It is to the presence of this carbon that the blue colour of the smoke is due. Those dense clouds which the energetic smoker blows forth, and those delicate eddies, ripples, circles and curves, which the refined artist watches with so gratified an eye, are all due to an almost infinitesimal trace of free carbon. It is this carbon which in confirmed and inveterate smokers settles on the back part of the throat, and on the lining membrane of the bronchial tubes, creating often a copious secretion, which it discolours, and which is coughed up of dark coaly appearance.

Thirdly. There is in the smoke a portion of *ammonia*. The presence of this body may at any time be proved by a very simple and ready experiment. Take a piece of white glass plate, and spread over it, in the centre, a little dilute hydrochloric acid (spirit of salt). Invert the plate over the bowl of a tobacco-pipe, charged with burning tobacco; and, holding the plate an inch above the mouth of the bowl, blow a few whiffs of the smoke over the surface moistened by the acid. The ammonia present will be seized by the acid, and converted into hydrochlorate of ammonia (sal ammoniac), or, to designate it more correctly, choloride of ammonium. On drying the fluid on the glass with a very gentle heat over a candle or before a common fire, the chloride remains on the glass as a beautiful frosted crystalline deposit. Examined by the microscope with the one-inch lens, this crystalline deposit presents a very characteristic appearance: the crystals arrange themselves in various forms; like feathers, like daggers, or even like small swords, with here and there a finely marked and separate cube. Technically, these crystals are defined as anhydrous (*i.e.*, they contain no water), having a cubical or octahedral shape. The raylike distribution on the plate depends on the manner in which the separate crystals arrange themselves.

To be continued.)

Anthropological Society of London.—April 21. Dr. Hunt, President in the Chair.—A paper was read by Alfred Tylor, Esq., F.G.S., F.L.S., 'On the Discovery of Supposed Human Remains in the Tool-Bearing Drift of Moulin-Quignon. The Author recited the accounts of this alleged discovery, which appeared in 'L'Abbevillois' newspaper of April 9th and 18th, and stated that on the 13th of April, Messrs. Prestwich, Evans, and himself visited M. Boucher de Perthes, and observed circumstances which led them to fear that a deception had been practised by the quarrymen. The axes appeared to be artificially stained with the irony deposit of the gravel. On being put into water for a time, they looked so much charged, that it seemed likely that a good brushing would have brought the whole of the colour away. Moreover, the presence of certain flints lying in a heap in the quarry, which flints had evidently been practised upon, did not escape the experienced eye of Mr. Evans. Mr. Prestwich suspended his opinion on their authenticity. Mr. Tylor considered that further examination may possibly prove either that the bone and axes are genuine, or that they are not. At present the discovery cannot be accepted as proved, as there are such strong grounds for suspecting that the additional stimulant of the reward offered by M. Boucher de Perthes, have at length enabled these quarrymen to put bones and implements into the gravel so skilfully as to deceive even the Patriarch of Primœval Archeology himself. Dr. Hunt entertained no doubt that the flint implement exhibited by Mr. Tylor was a forgery. Mr. Charlesworth, F.G.S., was also inclined to doubt its authenticity, and said that the reward offered by M. Boucher de Perthes would act as a strong stimulus to the perpetration of similar frauds. Mr. Carter Blake said that the appearance of the flint implement on the table was very different to that of the remains which had been derived from gravels in England. After some observations from Mr. Bendyshe, Mr. Davies, and Mr. Mackie, the Secretary read a paper by Dr. Julius Schwarcz, F.G.S., of Stuhlweissenburg, "On the Permanence of Type," in which the Author demonstrated that the pre-Alexandrian Greek uniformly recognised the doctrine of distinct foci of creation, and condemned the theory of the unity of origin of mankind. A discussion arose in which Mr. Collingwood, Dr. De Meschin, Mr. A. Higgins, Mr. Blake, and the President, took part. A paper was also read by C. S. Wake, Esq., F.A.S.L., "On the Relations of Man to the Lower Animals." The meeting adjourned till the 12th of May.

THE MEDICAL CIRCULAR.

WEDNESDAY, APRIL 29, 1863.

THE PREVALENCE OF SMALL-POX IN THE METROPOLIS.

If England were forthwith to be visited by a severe and destructive epidemic of Small-pox, it would not be from the want of warning on the part of the Medical press, or of the Medical Profession. Notwithstanding the diversities of opinion which may fairly be entertained on many subjects relating to Medical Hygiene, there is no doubt whatever, entertained among Medical men as to the efficacy of Vaccination as a preventive of Small-pox. Year after year exhibits in a stronger and stronger light the protective influence of this very simple and painless operation, and those who neglect or refuse to avail themselves of the immunity from Small-pox which it affords, are guilty of criminal apathy, or obstinacy. Now we have the Small-pox again at our doors, as is proved by the Returns of the Registrar-General, who tells us that in the week before last there were 50 per cent. more cases of this disease than in the last week in February, and to all appearance the cases are not diminishing in number. But we are now at the end of April, and we are informed, on the authority of Mr. Marson, the highly respected Resident Medical Officer of the Small-pox Hospital, that this unwelcome visitor has been long among us. It began, in fact, in the autumn of last year, and spread considerably in the eastern parts of London, as St. George's-in-the-East, the Stepney Union, and Whitechapel. Since then the cases have become numerous all over the Metropolis, the parish of Lambeth having escaped pretty well until lately. It is quite evident therefore, that there has been abundant warning given of the approach of this fatal and loathsome disease.

The Small-pox Hospital at Highgate, as we are informed by the same authority, *has been constantly full for six months.* There is accommodation in that Hospital generally for ninety patients, and there are reserve wards for ten or twelve more which present an extraordinary character, so that the whole accommodation may be said to be for 100 patients. Upwards of 500 cases have already been admitted this year (1863), and the mortality has been 17 per cent., or rather more than 5 per cent. over the usual mortality of late years. There is now no more room for patients in the Hospital, and there has not been sufficient room for some time past, and the authorities have been obliged to refuse admission in numerous instances, but we are told that the cases come in by arrangement afterwards, as beds become vacant. All the time, however, that these unfortunate patients are remaining out of the Hospital, they are of course spreading the disease in all quarters, at their own homes, in the crowded streets and alleys where they generally dwell, and in the public streets or conveyances. We are told by spectators, in letters addressed to the public journals, that persons may be seen in many districts with the Small-pox eruption upon them, walking in the streets, and thus spreading the contagion, and it is naturally asked why persons should thus be permitted to breed contagion without any let or hindrance.

It is now too late to prevent the mischief altogether. Many persons have the eruption actually developed upon their bodies, and many more are probably hatching the disease, but public opinion is at least beginning to express itself; Government is beginning to arouse from its apathy; questions are being asked and answered on the subject in the House of Commons; the Lords of the Privy Council have directed their Medical Officer to take some steps in the matter, and the leading journal publishes a note of warning to the British nation. The recommendations issued by the Medical Officer of the Privy Council, as to the immediate steps to be taken for preventing the spread of the disease, are judicious enough, and it is to be hoped that the presiding authorities in workhouses and infirmaries will at once adopt them. The best plan, of course, is to isolate all the cases as much as possible in detached dwellings, expressly devoted to the purpose.

But now comes the question whether the lesson taught by the present epidemic will be sufficiently severe to induce the authorities and the public to take more energetic steps than they have hitherto done, in adopting measures of prevention?

That Vaccination is an *absolute* protection from Small-pox it would be idle to assert, because it is an undoubted fact that persons take Small-pox after Vaccination, and they even take Small-pox itself a second time in certain rare instances. But the whole question of the protective power of Vaccination has been thoroughly examined by competent observers, and the result arrived at is, that Vaccination protects against the fatality and virulence of Small-pox, *when the operation has been adequately performed*:—a most important condition. Among the cases lately received into the Small-pox Hospital, we are told by Mr. Marson, that there have been about 80 per cent. for some years past who have been vaccinated, but the deaths have occurred only in those who were *badly vaccinated*, a rather numerous class, having each only one or two cicatrices hardly visible upon their arms. We may observe that at this Hospital, every patient is carefully examined as to the evidence his arms afford of efficient Vaccination.

Now if we examine the machinery which is employed for the Vaccination of the people, we shall find it most defective. Mr. Lowe, in the House of Commons, in answer to a question by Lord Naas, declared that much of the evil complained of was attributable to the neglect of the local authorities in not putting into force the provisions of the Vaccination Act. But we may ask why was the operation of the Vaccination Act left entirely to the local authorities, meaning the Boards of Guardians in the respective districts? Does the Government trust the management of the police force to the local authorities? and are they not now endeavouring to wrest from the City of London the right of choosing and governing their own police?

We have no hesitation in declaring that the Boards of Guardians are for the most part quite incapable of adequately superintending and directing the work of effective vaccination. There are, perhaps, no two Boards which agree in their arrangements for the performance of this operation, and the same Board often alters its plans from time to time without any other cause than its own caprice. Sometimes they appoint a limited number of vaccinators, and pay them fairly, and then the work is generally well done; but in many other cases they elect any Medical man who applies, thus subdividing the duties to such an extent as to make the office worthless. It cannot be expected that vaccination can be efficiently carried out, and a copious and regular supply of good lymph secured, except by persons who have a large number of vaccination-cases always in hand, and we should also observe that vaccination can never become really efficient until a vigilant superintendence is maintained over the cases operated upon. There are hundreds of persons who never return to show their arms to the operator, and how can it then be known whether the operation has succeeded or otherwise? and yet all these persons *have been vaccinated*, and if they take the Small-pox

afterwards, the fact is alleged as an argument against vaccination.

We are also strongly impressed with the idea that vaccination, to be really effective, should be performed from *one child to another*, and that points, and glasses, and tubes, should be used as little as possible. We are aware that in many cases the latter mode of operating is the only one available, but if an efficient staff of vaccinators were appointed, it would be possible to carry on the vaccination from week to week at stated days and hours, and the chances of failure would be very materially obviated.

Such are some of the subjects which imperatively demand the attention of the Government. They have frequently been pressed before, but it is to be hoped that at last the warning and advice will be taken in time and a future outbreak of disease prevented.

SUMMARY OF THE WEEK.

MR. ADAMS AND MR. PROPERT.

It is with very great pain that we publish the following correspondence between Mr. Adams and Mr. Propert. We saw some of the original documents several days since; but we forebore to notice them, in the hope that Mr. Propert would give the answer to which we conceive Mr. Adams is justly entitled. We fear that we shall hear much more on this unpleasant subject, as, most undoubtedly, Mr. Adams cannot allow matters to stand in their present condition. We can only say at present that Mr. Propert's conduct is wholly incomprehensible. Mr. Adams's Committee is now formed, and contains the names of many of the most distinguished members of the Profession.

"5 Henrietta street, Cavendish square, April 15th, 1863.

"SIR,—The following quotation is from a letter received from a gentleman occupying a high position in our profession:—

"'The sting of the matter is that, spite of the late trial, and notwithstanding the evidence since afforded by Dr. Cottew, Mr. Maitland, Dr. Webb, Mr. Toynbee, and others as to the antecedents of the prosecutor, there are some persons who still adhere to Mr. Propert—who justify him in his apparently harsh treatment of you at the beginning of the affair, when he condemned you unheard, and refused to listen to the explanations you offered him, and who not merely condemn you by implication, but affirm positively as follows—viz., that were Mr. Propert's version of his proceedings made public, he would be said to be entirely justified, and that he is displaying great forbearance towards you in not noticing the attacks made upon him; and that his holding his tongue is safety to you. These latter expressions I have heard this week from the mouth of a personal friend of mine—a man of sense, and one whose opinion I value. He is a friend of Mr. Propert, and as such believes that Mr. Propert's statement would crush you.'

"I wish to know whether the statement made in the above quotation be true or false.

"Is it, or is it not, true that you are dealing out such insinuations—or any insinuation whatever against my character?

"I must demand a plain and simple answer to this question, and without delay. "I am, Sir, yours, &c.,

"John Propert, Esq." "WM. ADAMS.

"6 New Cavendish street, W., April 17th, 1863.

"SIR,—In reply to your letter of the 15th inst., I beg to state that I never heard of the statements alleged to have been made by friends of mine with reference to yourself in your letter referred to, neither do I consider myself in any way responsible for the opinions they may entertain respecting you. I have, however, always felt much regret that a gentleman of your position in our profession should not have availed himself of the proposal by Mr. Johnson, the attorney acting for Miss Russell in the action brought by that person against you, contained in a letter addressed to your attorney dated March 22nd, 1862—namely, 'That both the plaintiff and defendant should be examined as witnesses on the trial of that action;' and that such proposal should have been declined by your attorneys in their letter to Mr. Johnson in reply of the 11th of April, 1862. "I remain, Sir, yours, &c.,

"William Adams, Esq., &c., &c." "JOHN PROPERT.

"5 Henrietta street, Cavendish square.

"SIR,—In my letter of the 15th inst. I asked you a plain question to this effect:—Is it, or is it not true, (1) that you have said you were forbearing towards me by not replying to explanations which have been demanded from you for your conduct towards me; (2) that holding your tongue is safety to me; (3) have you implied that you are aware of allegations injurious to my character, which you withhold out of forbearance to me?

"In your reply of the 17th April you do not answer this question; I must therefore repeat my demand for an answer.

"You have introduced in your letter a subject totally irrelevant to my question; but I will remind you that however desirous I was to be examined as a witness—and it would undoubtedly have been much to my advantage—the laws of evidence did not permit of it. You might learn this from any solicitor; and if you will refer to the published charge of the Chief Baron, of which I send you a copy, at page 30 you may see that the Judge said, "Miss Russell cannot be examined; nor can Mr. Adams." Mr. Lush in his opening address explained this peculiarity in the law of evidence, and Mr. Serjeant Shee did not suggest that any other course could have been adopted. This, however, is a mere matter of legal procedure that has nothing whatever to do with the question to which, as a member of the same profession, I require a plain and truthful answer. "I am, Sir, yours &c.

"John Propert, Esq." "WM. ADAMS.

"6 New Cavendish street, April 22nd, 1863.

"SIR,—Having in my letter of the 17th inst. answered the questions contained in your letter to me of the 15th inst., I have no reply to make to your letter of the 18th; and I must decline any further correspondence on the subject of your letters.

"I beg to remain, Sir, your obedient servant,

"W. Adams, Esq." "JOHN PROPERT.

THE EFFECTS OF TOBACCO.

We refer our readers to the commencement of a paper at p. 229 on the 'Relations of Tobacco to the Health of Individuals and the Community,' by Dr. W. B. RICHARDSON, published in a recent number of the 'Social Science Review,' a journal which is devoted to subjects involving the health, happiness, and prosperity of civilised nations, and which has on many occasions, moreover, shown a kindly and appreciative feeling towards the members of the Medical Profession. Dr. Richardson, it will be observed, treats the subject of Tobacco in a novel manner, and endeavours to found some practical conclusions as to its use or abuse from a careful examination of its chemical characters, and its physiological and toxicological effects. There is no question, perhaps, which is more often asked of Medical men than whether the effects of tobacco are beneficial or injurious; and the answer has hitherto been dictated rather according to the personal tastes of the speaker, than by strict scientific principles. Whether rightly or wrongly, the use of tobacco has become very general throughout the world, and while many extol its use and the enjoyment derived from it in the most rapturous terms, others, on the contrary, regard it as nothing else than a poison (which, in strict language, it certainly is), and the practice of snuffing and smoking as filthy, disgusting, and unhealthy habits. The truth probably lies between the two extremes, and we think that the calm, argumentative, and careful inquiries of so distinguished a physiologist as Dr. Richardson are calculated to diffuse more just notions on the subject than have hitherto prevailed.

THE LARYNGOSCOPE.

The application and uses of the Laryngoscope in practical medicine formed the subject of a very interesting paper read by Dr. George Johnson, at the Medical Society of London, a few nights since, and the discussion which followed gave a very fair view of the real value of the instrument. We are inclined to believe that its utility as a means of exploring disease will be of rather a limited character, because many of the morbid affections of the larynx are purely nervous, some are merely consequences or accompaniments of disease in the windpipe and lungs, while in the acute maladies of these

parts, the instrument is hardly available. But be this as it may, there is no doubt that science is much indebted to the inventors of the laryngoscope, which throws a wonderfully new light upon the functions, and, perhaps, also upon the diseases of the vocal organs. Dr. George D. Gibb, who has paid great attention to the subject, has lately delivered a lecture on the laryngoscope, to the Musical Society of London (which by the way is a most flourishing institution, comprehending all the *élite* of the musical world, both Professional and amateurs), showing the influence of musical and other sounds upon the larynx. Mr. Liston, the celebrated surgeon, first noticed the instrument in his work on 'Surgery,' but it was studied in relation to the mechanism of the voice, by Professor Garcia, (the brother of the lamented Malibran, and of the present Viardot Garcia,) and a paper was read by him on the subject to the Royal Society. Since then it has been studied and improved by various observers, among whom we may mention Czermak, who we understand, intends to re-visit this country next month, and give a series of practical demonstrations of the applications of the laryngoscope.

RE-VACCINATION.

We understand that Dr. Waller Lewis, the principal Medical Officer of the Post Office, has, on account of the prevalence of Small-pox in London and the suburbs at the present time, recommended that all the officers who have not taken the disease naturally, or who have not been vaccinated recently, should be re-vaccinated, and that the Post-Master-General has sanctioned this recommendation. We are of opinion that this example should be followed in all establishments where large bodies of persons are employed.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

The number opens with a lecture by Dr. J. H. BENNETT on "Molecular Physiology, Pathology, and Therapeutics, and their Application to the Treatment of Disease." The subject of the present lecture is the function of innervation, and Dr. Bennett passes in review the ultimate structure and the physiology of the cerebrum, the cerebellum, the spinal cord, and the ganglionic system of nerves. The conclusions at which Dr. Bennett arrives are the same as those generally entertained by modern physiologists, but he does ample justice to the researches of Flourens, Bell, Brown-Séquard, Marshall Hall, and others. In reference to practical points, Dr. Bennett considers that fever is primarily an affection of the nerves, and he doubts that quinine is a tonic; he considers it as an alkaloid which operates on special parts of the nervous system through the bloodvessels, but avows his ignorance of the reason. It appears to act on the ganglionic system of nerves, controlling and diminishing the phenomena of fever. Dr. F. W. PAVY gives one of his Gulstonian lectures, delivered at the Royal College of Physicians in 1862, on "Assimilation and the Influence of its Defects on the Urine." In the present lecture Dr. Pavy describes several experiments made by him with pepsine procured from pharmaceutical establishments of the highest respectability in different parts of London, and the result was that only one out of the several specimens he obtained possessed any perceptible digestive property. The pepsine which did exhibit the peculiar diges- [illegible] effects was said to have been procured from the stomach of the bodies, and many of which is exceedingly thick. The experiments ease, but public opinion [illegible] frogs' legs in the pepsine solutions, and itself; Government is beginn[illegible]ccessful experiment with pepsine questions are being asked and answe[illegible]s were energetically attacked, [illegible]almost completely dissolved. Another question introduced by Dr. Pavy is the amount of solution effected in a stomach after death by its own gastric juice, and he considers that actual perforation of the organ from this cause is very rare, although partial solution is very common. When the temperature after death is allowed to fall, the solution appears to be arrested, but when the temperature of an animal that has died is artificially maintained, then the corrosive or solvent action of the gastric juice is exceedingly well-marked. Dr. COTTON commences a paper on the "Action of the Hypophosphites of Soda and Lime in Tubercular Diseases. Dr. Cotton has previously published some results which are unfavourable to the reputation of the hypophosphites, but he has now repeated his observations on some other cases, and he finds the effects to be substantially the same as before. Dr. Cotton's recent observations were made upon twelve in-patients of the Consumption Hospital, and the materials employed were furnished by the Parisian makers of Dr. Churchill's phosphatic salts. The cases at present reported seem to show that no improvement followed the use of the hypophosphites.

THE 'MEDICAL TIMES AND GAZETTE.'

Professor HUXLEY continues his course of lectures on "Classification," and having completed his sketch of the invertebrate tribes, he now describes generally the structure of the vertebrata. He groups together the five great classes of pisces, amphibia, reptilia, aves, and mammalia, because they are all connected by many common characteristics. The pisces and amphibia are closely allied together in many respects, but they differ from all the higher classes by not possessing in the embryonic state a well-developed amnion and allantois, the latter almost always taking on, directly or indirectly, a respiratory function. The lecture concludes with a description of the development and characters of the amnion and allantois of the chick. Mr. C. D. DOIG communicates some "Notes on Labours," the results being the statistics of labours attended at Guy's Hospital during the years 1854, 1856, and 1861. Dr. GILBERT W. CHILD contributes a paper on "Marriages of Consanguinity." He inclines to the opinion that those marriages are not so productive of bad effects as some authors seem to imagine, and he reduces his arguments to two heads, under one of which he considers the result of such unions in the human subject, and in the other in the lower animals. He adduces several very interesting facts to prove that close breeding is not only not injurious, but is often beneficial, and he concludes that the evidence in favour of the theory of these unions, being contrary to a law of nature, is highly unsatisfactory, and that, on the other hand, there is positive evidence, from the results of recorded observations upon the lower animals, that they are not affected by any such law. Hence the same must be true of the human race, unless we are prepared to believe in two distinct physiologies.

THE 'JOURNAL OF MENTAL SCIENCE.'

The first article is on "Delusions," by Dr. HENRY MAUDSLEY, and exhibits a great amount of reading and reflection. The various phases in which enthusiasm has developed itself at different periods in the history of the world, are graphically described, and the close alliance often existing between genius and insanity is forcibly displayed. The successful innovator is immortalised as the benefactor of his species—the unsuccessful one is, perhaps, sent to a lunatic asylum. Love and religion by turns sway the female breast, and the enamoured but disappointed woman becomes the enraptured devotee. Religious ecstacy is a form of disordered intellect, and the penances and self-inflicted tortures of the monastic recluse are the developments of insanity, though religion is not the cause, but the manifestation of the mental delusion. Dr. Maudsley in this article treads on delicate ground, but he handles his subject skilfully. Dr. W. CARMICHAEL MCINTOSH quits the airy region of metaphysics, and contributes some

Asylum Notes on "Typhoid Fever." The epidemic which he describes occurred in the Perth Asylum in the spring of 1862, and appeared to have no connection with contagion, except in the case of one of the attendants, who caught the fever and died of it. The cases were peculiar in some respects as showing the temporary amelioration in the mental condition of the insane patients during the time the fever lasted; but as soon as it abated the insane delusions returned. Dr. McIntosh asks the question how this vicarious predominance of fever and insanity can be accounted for? but the answer is by no means easy, although the facts have often been observed. Indeed, there are many instances in which insanity has been cured by the occurrence of some serious accident or sudden disease. Dr. T. S. Austen contributes a paper on "Tuberculosis and Insanity;" and it is shown that these two morbid conditions are far more frequently associated together than has generally been supposed. The existence of tuberculosis in lunatic asylums has been overlooked in consequence of the neglect of post-mortem examinations in these establishments, and the deaths have been set down to exhaustion, general decay, marasmus, and other similar unmeaning phrases. Consumption and lung-diseases are the causes of death in 22·5 per cent. of the males, and 32 per cent. of the females who have died in all the public asylums of Scotland for the last four years. The Editor, in a note, makes some remarks on the condition of English patients in foreign asylums. It appears to be a rather common practice to send English persons, suffering from mental disease, out of this country to France, Belgium, or Germany, the inducements being the lower rate at which they are received in the continental asylums, the desire, on the part of friends, of concealing the malady, and the escape from the supervision of the Commissioners in Lunacy. The Editor remarks upon the dangers and inconveniences incurred by such proceedings, and calls the attention of the Commissioners to the statements he makes. There is a long and interesting review of "Female Life in Prison," by a Female Matron, who paints in rather appalling colours the horrible degradation of female criminals, on whom all schemes devised for their improvement appear to be thrown away. The Reviewer agrees with the Prison Matron, and with many other authorities on the subject, that it is better to punish prisoners than to attempt to reform them, and that it is a mockery of justice to render the prisoner more comfortable than the hard-working mechanic or the inmate of a workhouse. In the department of the journal devoted to Foreign Psychological Literature, conducted by Dr. Arlidge, there are articles on the "Classification of Insanity," abridged from the 'Zeitschrift für Psychiatrie,' on the "Ophthalmoscope in Mental Diseases," and on "Non-restraint Abroad," from the same journal; and there is a long and very interesting article on "Insanity in France, and the Condition of the Parisian Hospitals for the Insane." It appears that a special inquiry has been instituted by the French Government into the state of the great hospitals for the insane in Paris—namely, the Bicêtre and the Salpetrière, and generally into the condition of all the lunatics in the department of the Seine. The result of the inquiry has been to show that the two large asylums referred to are inadequate to their purpose, and require to be radically reformed. The architectural and Medical arrangements are bad, the dormitories are overcrowded, classification is incomplete, the refractory are not under adequate control, the use of restraint is much in excess, the number of dirty patients is far too great, and the Medical attendance is imperfect. This catalogue of defects in the French lunatic asylums shows that they do not "manage these things better in France," at least at present; but the inquiry has terminated in the adoption of preparations of the greatest magnitude, including the construction of several new asylums, built upon the improved principles recommended by alienist physicians of the highest reputation. Two Medico-legal cases are reported in the Journal, one being the case of Fooks, and the other that of a man tried at Edinburgh for murdering a friend without any motive. The plea of insanity was set up, but partially ignored by the jury, who found him guilty by a majority of nine to six.

The 'British Medical Journal.'

Mr. Bryant continues his interesting lecture on the "Surgical Diseases of Children," concluding his observations on the "Malformation of the Anus and Lower Bowel." He discusses the question whether in cases where it is determined to open the intestine the operation should be performed on the left or right side, and he thinks that the right is preferable because the large intestine will certainly be found in the right iliac region, while in the left this certainty does not exist. There is a class of cases in which the anus is imperforate, and the rectum terminates either in the urethra, the vagina, or some other abnormal position, and there are peculiar difficulties in the treatment of each of these cases. Mr. Bryant gives the following general summary of the subject:—

"1. In all cases (with some rare exceptions), whether of imperforate anus, obstructed rectum, or misplaced anus, an exploratory operation in the normal anal position is perfectly justifiable; and it may be attempted with the fair hope that, in nearly half of such cases, primary success will be secured.

"2. Such exploratory operations, however, to be successful, must be conducted with great caution; and that the exploratory puncture or incision is to be made upwards and backwards towards the sacrum.

"3. If these measures fail, or if from some peculiarity in the case they appear useless and unjustifiable, the intestine is to be opened in the groin; the lumbar or Callisen's operation being quite inapplicable.

"4. In the inguinal operation the right groin appears to possess advantages over the left; as the intestine is found with more certainty, and the benefits to be expected from the operation are equally great.

"5. The treatment of these cases does not terminate with the success of the primary operation; for constant dilatation of the artificial anus is a necessity to preserve life."

Dr. Henry Lawson makes some objections to the statements of Dr. Fleming concerning the action of atropia upon the eye, his objections being chiefly directed to the physiological views entertained by Dr. Fleming as to the functions of the iris. Mr. Thomas Henry Smith relates the particulars of a "Fæcal Abscess," which terminated successfully, the abscess having pointed above the crest of the ilium, and having been freely opened.

The 'American Medical Times.'

The number begins with a clinical lecture on "Typhus and Typhoid Fever," by Alfred L. Loomis, but the cases are not well described, and the distinction between the two fevers is not adequately drawn. Dr. G. T. Elliot relates the particulars of a difficult obstetrical case, in which there was a deformed pelvis, and there had been two very difficult labours with still-born children. In the woman's third pregnancy it was determined to induce premature labour at about the end of the seventh month, but the object was not accomplished until a No. 8 elastic male catheter had been left in the uterus (between that organ and the membrane) for fifteen hours. The delivery was effected by means of the forceps, and the child gasped a few times, and its heart was found to beat, but it soon died. The mother recovered completely. Mr. Dewett C. Peters gives some cases in Military Surgery, two being instances of the successful resection of joints, and another being a case of gun-shot wound of the abdomen and stomach, which also terminated successfully, although there had been peritonitis, vomiting of blood, and bloody stools. Dr. S. J. Radcliffe gives a report on "Hospital Gangrene," relating a case of this disease which terminated favourably. A case is related in which the common carotid artery was tied by Dr. James R. Wood for extensive injury of the face, attended with great bleeding. The artery was tied above the omo-hyoid muscle, and the operation was so far successful that it arrested the hæmorrhage from the mouth, but the patient died soon afterwards. He was a very intemperate man, suffered from constitutional syphilis, and had also fatty degeneration of the kidneys.

GENERAL CORRESPONDENCE.

To the Editor of the Medical Circular.

SIR,—Allow me to thank you for your able advocacy of the cause of Dr. Waters (which may be anyone's to-morrow), against the inexcusable behaviour of Drs. Ramsbotham, Lee, and A. Taylor. Why did not these gentlemen consult previously with Dr. Waters? Are they so green in their Profession that they can be foiled by an hysterical girl, if so they are the last persons to whom I would recommend my patients. Dr. Ramsbotham has condemned himself, but the other two preserve a haughty silence which is most insolent towards the Profession. Why has not Mr. Propert cleared himself from a similar accusation, or why does he not come forward and manfully acknowledge his error? It is not to be borne, Sir, that these men who have certainly raised themselves to their present eminent position by their own talents, should treat their brethren with such want of feeling and common courtesy. An injury to the humblest member is an insult to the whole Profession.—Yours, &c., A COUNTRY PRACTITIONER.

To the Editor of the Medical Circular.

SIR,—I felt greatly disappointed at not finding an eloquent leader by you in the last number of the CIRCULAR, on the subject of a Medical Provident Society. You are well aware that such a Society would be a great boon to the profession at large, and it rests with you to call a meeting and submit a plan for its immediate formation. More than ten thousand of your professional friends wait your call. Success is certain. London should be the focus of its operations, and every town in England a radiating point. I would suggest that every member should pay five guineas on admission, and an annual subscription according to age. The Society should confine its operations for a time to the allowance of sick pay and a little funeral money, and when a large capital has been accumulated, something may then be suggested for the relief of our widows and orphans. Hoping to hear from you on the subject in an early number.

I am, &c., OMEGA.

THE CASE OF DR. EDWARD WATERS, OF CHESTER.

MEETING OF MEMBERS OF THE LIVERPOOL MEDICAL INSTITUTION.

A special general meeting of the members of this Institution was held on Monday evening, April 20th, "To take into consideration the best mode of expressing sympathy with Dr. Edward Waters, of Chester, in reference to a late trial which has taken place in that city."

Dr. VOSE presided, and the following gentlemen were present:—Dr. Chalmers, Dr. Grinsdale, Dr. Skinner, Dr. Imlach, Dr. H. Taylor, Dr. Petrie, Dr. M'Naught, Dr. Gee, Dr. A. T. H. Waters, Dr. Thompson, Dr. Graham, Dr. M'Intyre, Dr. Shearer, Dr. Dickinson, Dr. Stopford, Mr. Desmond, Mr. Denton, Mr. Irvine, Mr. Steele, Mr. Marsh, Mr. Hakes, Mr. Bickersteth, Mr. Lowndes, Mr. C. B. Wilson, Mr. M'Cheene, Mr. Martin, Mr. Parkes, Mr. Pennington, Mr. Swift, Mr. Stubbs, Mr. Halton, Mr. Manifold, Mr. Dawson, Mr. Oxley, Mr. Danson.

The Hon. SECRETARY (Dr. A. Stookes), then read letters of apology from several gentlemen who were unable to attend the meeting.

The CHAIRMAN read some observations which he had prepared relative to the case of Dr. Waters.

Dr. M'NAUGHT moved the first resolution:—"That this meeting desires to express its hearty congratulations to Dr. Edward Waters, of Chester, on the result of a recent trial in that city, which leaves his character unsullied after sustaining attacks which have seldom been equalled for persevering malignity." I have great pleasure, Dr. M'Naught said, in bringing before you the resolution placed in my hands by the Council. It is a resolution, I am convinced, which will meet with perfect unanimity here, and be approved of abroad by every right-minded man; whether in or out of the Profession. It is to offer our congratulations to Dr. Edward Waters, upon the happy issue of his late trial at Chester. (Applause.) Most of you, I dare say all of you, have read the evidence, the pleadings of counsel on both sides, the judge's charge, and it is scarcely necessary for me to express an opinion as to the malignancy of that prosecution, or rather I should say persecution. (Applause.) That any one, and especially a man of Dr. Waters' high social and professional position, should be exposed to such base calumny in the exercise of pure Samaritan-like benevolence, and upon such wicked and worthless testimony, is really and truly deplorable. It makes one shrink with indignation to think that a virtuous, kind-hearted man should be brought before the public to defend himself against so virulent, clumsy, and vile a conspiracy—(applause)—against his honour and reputation. But, gentlemen, what was Dr. Waters' case yesterday, may be yours to-morrow, and some of us, perhaps, might not possess either the moral courage or pecuniary resources necessary for the establishment of an insulted character, as he fought for and effected. I say, therefore, he richly deserves the congratulations of the whole Profession for his energetic and manly conduct in resisting all attempts at a compromise. In fighting his own battle, gentlemen, he has also been fighting ours—(applause)—and after such an *exposé*, and such a triumphant verdict, it is to be hoped that credulous elderly vestals will not be so ready to place implicit faith in the cunningly-devised tales of hysterical, lascivious girls. We all know what hysteria is, and if lawyers were as well acquainted with the deception practised, and the ingenuity often exhibited on points of immorality in some cases of that protean malady, they would be less disposed to undertake such cases as that of Bromwich versus Waters. (Applause.) I shall only touch upon the sympathy generally felt for the distressing ordeal Dr. Waters has undergone. Supported even by the conscientious feeling of innocence, it is a terrible thing for a pure mind to be dragged before the public upon so gross and wicked a charge. With these few remarks, I beg to submit the resolution. (Loud applause.)

Mr. BICKERSTETH: It affords me much pleasure to second the resolution, and I do so with peculiar satisfaction because I think that Dr. Waters is entitled to the unqualified gratitude of the Profession for the manly and courageous way in which he has boldly met the vile charges with which he has been assailed. It is well known that long before the trial took place offers of compromise were made to Dr. Waters, and not made but urgently pressed upon him. Few men could have resisted the desire to avoid such a trial; but Dr. Waters, conscious of his moral rectitude, declined to submit to any compromise after the aspersions that had been made upon his character, and determined to have the whole truth brought to the light of day. When I think of the nature of the charge against Dr. Waters, and of the absurd evidence upon which it was attempted to substantiate that charge, I ask myself, and I ask you, which of us might not any day find ourselves in a similar position, if unfortunately we should happen to have been consulted by some designing woman? (Hear, hear.) In private practice we are frequently called upon to make secret and private examinations when entirely alone with our patient. The presence of a third party on such occasions is often offensive to the feelings of a woman. It may be politic to propose that a friend should attend; yet I confess that I think it is generally unnecessary. It would often not only be cruel to the patient, but derogatory to our position, as confidential advisers, to insist upon the presence of a third party. Our position is indeed a dangerous one, but it is rendered doubly dangerous when, as in the late trial, we find members of our own Profession (one of whom does not hesitate to state that he felt convinced the case against the Doctor must fail as there was no evidence to support the charge) who do not hesitate to undertake a journey to Chester to propound opinions peculiarly their own, and upon the correctness of which alone it was possible to convict Dr. Waters. (Applause.)

The resolution was then put, and carried unanimously.

Mr. STEELE moved the second resolution, as follows:—"That this meeting feel called upon in the interest of the Profession to record a solemn and energetic protest against Medical witnesses, to the great injury of their brethren, assuming the functions of advocates, and volunteering opinions when they are only required to testify to facts,—a practice deplorable frequent, and which has reached its culminating point of impropriety at the hands of Drs. Lee and Ramsbotham, in the case of Bromwich v. Waters." Mr. Steele said that however painful and disagreeable it might be to pass censure and condemnation upon the conduct of Medical men of eminence and reputation, it was their imperative duty to come forward on this occasion in support of the resolution which he had read—a resolution which he hoped would obtain the cordial and unanimous approbation of the meeting. The resolution was not directed so much against the gentlemen named personally as against the objectionable practice of which their recent conduct had formed so graphic an illustration—namely, the practice of Medical witnesses assuming the functions of advocates, and volunteering evidence when they were only required to testify to facts. He need not detain the meeting by showing that this course had been adopted by the Medical witnesses for the prosecution in the case of Bomwich v. Waters. That the practice was deplorably frequent must be pretty evident to most of those who were acquainted with the numerous cases which had lately occurred in the law courts, where charges had been brought against members of the Medical Profession which had proved to be unfounded, but in which there appeared to be no difficulty in inducing Medical men to come forward on the part of the prosecution, and give evidence in such a way as to produce a prejudiced and unjust impression upon the judge and the jury, who could not be supposed to understand all the intricacies and delicacies of Medical questions. Whoever had read the verbatim re-

port of the recent trial at Chester must have arrived at the conclusion that Dr. Waters had not only escaped from an atrocious and abominable charge attempted to be made against him—a charge described by the judge as nothing less than one of rape—but that he had also shown by his conduct, which had also undergone the most searching investigation before a legal tribunal, that he had acted throughout as a Physician of the purest possible motives, and with the kindest consideration for his patient. Notwithstanding, however, the triumphant result of the trial, there was a time during the ordeal when his case was placed in the most imminent peril. And how, from, and by whom? By the Medical evidence that was offered on the part of the prosecution. The learned judge told the jury that if they believed the evidence of Drs. Lee and Ramsbotham that the treatment was improper, it would "enormously corroborate" the case against Dr. Waters. Now, when they considered the consequences which would have resulted from an adverse verdict, they could not but think that had not Dr. Simpson been able to contradict the evidence of these Medical witnesses, Drs. Lee and Ramsbotham would not have had so fortunate an escape from a result which would have filled the rest of their lives with self-accusation and remorse, from the conciousness of their having been the main instruments in consigning an innocent and an honourable man to infamy and ruin. In order to illustrate more clearly the character of the evidence of Drs. Lee and Ramsbotham, Mr. Steele pointed out that, under all circumstances, when the propriety or impropriety of Medical treatment was canvassed by Medical men, it had been hitherto deemed contrary to Medical etiquette, and injurious to the interest both of Medical men and patients, to give an opinion upon a case which had been under the care of another Medical man, without the presence of that Medical man himself. Even if they differed from the treatment which had been adopted, and thought it wrong, they would hesitate to condemn it until, at all events, they had held an interview with him, and had heard his own description and explanation of the case at the time he attended it, and also the reasons for employing his treatment. This was the straightforward line of conduct which, from time immemorial, had guided all right minded men in their dealings with their patients. If, therefore, this was their incumbent duty on a matter which merely involved a question of Medical etiquette, what should they say when the consequence ensuing upon the violation of this rule were absolute social death to the party implicated? (Hear, hear.) Then, with regard to the way in which this medical evidence was brought forward. It was by the merest accident in the world that Dr. Waters became aware that medical experts were to be called to give evidence against him. Shortly before the trial, it appeared that the prosecution desired to have a commission to go to the continent to take the evidence of a medical man there who had had Mary Whalley under his treatment at Malvern; and in consequence of this the solicitor for Dr. Waters obtained information that it was probable that other medical men would be called. When the evidence taken by commission was shown to Dr. Waters by his solicitor, he said, and very properly,—"Why this is the most arrant nonsense ever put upon paper." His solicitor replied,—"Never mind, it is the opinion of a medical man—an opinion which is thought of great value by some persons, and therefore it must be answered." Then it was that Dr. Waters considered it necessary to submit this evidence to Professor Simpson, of Edinburgh, who gave him a hint that some eminent medical men in London would be called against him, though Dr. Waters was very hard to convince that it would be so. It was at this time that the guess was made that Dr. Lee was likely to be called, because it appeared he was in the habit of meeting in consultation with Dr. Gully, of Malvern. They all knew, however, that these gentlemen came down, and they also knew the extraordinary ground upon which they based their opinions. He (Mr. Steele) need not dwell upon these opinions to show the animosity to Dr. Waters, but he could not refrain from saying that he had heard, upon very excellent authority, that Dr. Ramsbotham himself did not hesitate to aid the counsel in cross-examination, and that Dr. Lee was handing a speculum round the court, evidently with the intention of prejudicing the case against Dr. Waters. Surely, after this it was not too much to say that improprieties of the kind mentioned in the resolution had "culminated at the hands of Drs. Lee and Ramsbotham. (Hear, hear, and applause.) Dr. Ramsbotham had made some sort of explanation and apology in the public journals, and had told them that if he had heard Dr. Waters' version of the story before he gave his evidence, there would have been very little difference of opinion between them. Well, now, did not this show how completely Dr. Ramsbotham had forgotton that excellent rule to which he (Mr. Steele) had alluded; for had he adopted that rule he would never have placed himself in that highly reprehensible light in which he now stood, and which had called upon them to enter their protest against the practice which he and Dr. Lee by their presence at the trial, had sanctioned and approved. In conclusion, Mr. Steele pointed out the importance of adopting a resolution which, while asserting the entire innocence of Dr. Waters, would at the same time afford protection to younger members of the Profession, in the event of their being assailed in a similar manner.

Dr. Dickenson seconded the resolution, observing that Drs. Lee and Ramsbotham had shown great want of judgment and proper Professional feeling, and with regard to Dr. Taylor, though his name had not yet been mentioned, it would be unfair to pass him by. He was not called upon to give evidence in a question of this kind, and he had no business to come down to give evidence upon a subject which was a matter of doubt.

Mr. Parker, while concurring in the observations which had been made by previous speakers, was anxious to make a suggestion which this trial had brought to his mind, and which was also warranted by the frequency of similar trials, viz., that the time had arrived when the Medical Profession might very seriously take into consideration the propriety of forming a "Medical Defence Association," in order that the expenses of such proceedings might be met without harass and ruin to individuals.

Mr. Steele was afraid that the establishment of such an association would give the public the idea that the Profession feared and expected these actions, and that it would also have the effect of inducing juries, if the verdict happened to be against the medical man, to give heavy damages, because payment would fall upon the society, and not upon the individual. He would rather take his stand upon the dignity and honour of the Profession, and fight the battle single-handed as Dr. Waters had done, throwing himself upon the sympathy and consideration of the Profession, if necessary. (Applause.)

The resolution was then put and carried unanimously.

Mr. Fletcher moved the third resolution:—"That this meeting recommend that a subscription be opened with a view of indemnifying Dr. Waters for any precuniary loss he may have incurred in conducting his defence and for the further purpose of presenting him with some lasting memorial of the high approbation with which they have regarded the dignified fortitude of his bearing under the prolonged persecution to which he has been subjected." Mr. Fletcher proposed this resolution with peculiar pleasure, seeing that he had known Dr. Waters for thirteen or fourteen years. He knew him in Paris and Vienna, and he knew then, and had known since, no man in whose character he had greater confidence, who was more thoroughly a gentleman and a Christian, and whose mind was more thoroughly accomplished and delicate. As r as he (Mr. Fletcher) had had an opportunity of judging, Dr. Waters was about the last man of all his acquaintance against whom he should ever have imagined such a foul accusation would have been launched. Coming to the £. s. d. part of the resolution, Mr. Fletcher said he believed that they should do a great deal of good by subscribing to pay whatever expenses Dr. Waters might have incurred. He would not accept anything more than the amount he was out of pocket by the proceedings, but it would be gratifying to his own feelings and the feelings of his friends to have something as a memorial, not only that they considered him innocent, but that he had acted in a way which they regarded as meritorious, and had resisted temptations under which many men would have fallen. Dr. Waters had throughout strongly resisted, first the offer of private investigation, then reiterated offers of compromise, and had stood entirely upon his right; and from the very first step he took in his course to its triumphant termination he had been guided by a firm consciousness that he was in the right, and that "God would defend the right." (Renewed applause.) With regard to the costs incurred, he (Mr. Fletcher) knew that 500*l.* had been paid by Dr. Waters before he went into court, but he did not know how much of this sum would go under the head of "taxed costs." From all he had heard, however, on the subject, he believed that the taxed costs paid to the victor in a case such as this bore but a small proportion to the real costs or actual amount which a person was out of pocket even where he came off victorious. With regard to the subscription itself, Mr. Fletcher would rather see a large number of small subscriptions than a few large ones, for the great value of the money was this, that the public would look upon it as a real, honest manifestation of their belief, not only that Dr. Waters was innocent, but that his conduct throughout the whole matter had been marked by very high merit. (Hear, hear). Then there was another point. They must remember the awful suspense in which Dr. Waters was kept between six o'clock, when the jury retired and somewhat after midnight when they returned with their verdict. Upon that jury they knew that eleven were wise, and that one was "otherwise;" and so it was in general society. Some people were stupid enough, and others base enough, to believe any accusation, however absurd; and it was therefore no mere sentimentalism, but was a point of real and practical value that they should come forward not only with their resolutions, but also with what money might be wanted to make up Dr. Waters' pecuniary loss, and to present him with something which he would leave to his children as a practical proof that not only his Professional brethren in Chester and elsewhere, but those who knew his character and standing believed him to be thoroughly innocent

of the charges brought against him. Whatever they did, they could never undo the ill which had been done, never give him back anything which would make up for the agony through which he had passed; but they could do something to replace a sense of wrong by the expression of their cordial sympathy. (Hear hear, and applause.) To say that the injury to Dr. Waters was due to a few gossiping old women, or tittle-tattling dowagers of Chester was not true. The real venom had come from their own Profession. A weak and dirty weapon had been chosen; but a very little poison placed upon it by Drs. Lee and Ramsbotham might have made it effective for the work of destruction. What would Mary Whalley have been without Drs. Lee, Taylor, and Ramsbotham? Who gave the instructions to Serjent Shee? They must have been given by a Medical man, (Hear hear.) The *animus* of the instruction as to the charge relative to the speculum could have come only from Dr. Lee, aided by Dr. Ramsbotham, and the suggestion as to the drugging must have been known to Dr. Taylor. It must be remembered that these gentlemen had been for months in consultation with the lawyers; and that, whatever they might have *said*, actions spoke louder than words. (Hear, hear.) Though Dr. Ramsbotham might have advised in so many *words* that they should not bring the action, he advised in *deed* that he should. He (Mr. Fletcher) was certain that all they could do would be done on behalf of the right cause; and although they could not undo the evil which had been done, they could cordially and thoroughly avow their belief in the complete innocence of Dr. Waters, in order that in future years no doubt might remain upon the case. It was most important, in regard to the future, that Dr. Waters should not only be clearly exonerated by the verdict of the jury, but that his Professional brethren should declare that this foul accusation had been thoroughly rebutted, and that there was no man who more completely carried with him the sympathy and best wishes of his friends in the Profession. (Loud applause.)

Dr. A. T. H. Waters, who seconded the resolution, expressed his most cordial concurrence with the preceding resolutions. It was, he thought, very desirable, considering the mental anguish and trying circumstances through which Dr. Waters, must have passed, that they should express their sympathy with him, and their congratulations at the successful issue of the trial. It was also desirable to express their reprobation of the conduct of those members of the profession who on this and similar occasions had been willing to lend themselves to those who were attempting to injure the character or ruin the reputation of a Professional brother. (Applause.) Though not in any way related to his namesake of Chester, he (the speaker) had known Dr. Waters for several years, chiefly in connection with the meetings of the British Medical Association. He had known him as president of the Lancashire and Cheshire branch of that Society, and as the reader of the Address at the annual meeting of the Association in 1859. He mentioned these circumstances because they might not be known to every one present, and because they would show the high estimation in which Dr. Edward Waters was held by his Professional brethren in the counties of Lancashire and Cheshire. (Hear, hear.) It was very desirable (the speaker thought) to raise a subscription in the terms of this resolution for the purpose of indemnifying Dr. Waters from pecuniary loss incurred in conducting his defence; but they should not be satisfied with doing this merely, but subscribe to present him (as the resolution expressed it) with some lasting memorial of the high approbation with which they regarded the dignified fortitude of his bearing under the painful circumstances in which he had been placed. (Applause.) When they looked at the report of the trial, and read the searching cross-examination to which Dr. Waters was subjected, they must feel not only how ably he had withstood the attacks of the learned serjeant, but that only a feeling of strict moral and professional rectitude could have carried him unscathed through such an ordeal. (Renewed applause.) They ought not, under circumstances like these, merely to express their feelings in words, but to make also a substantial contribution, in order to show the public that on such occasions as this when a Professional brother was unjustly and scandalously attacked, they were prepared to carry him safely through the cost of it. (Hear, hear, and cheers.) The speaker then alluded to the mode in which the Medical Profession, and the public at Chester came forward, including the highest dignitary of the Church and almost every member of the Profession, in order practically to show their sympathy with Dr. Waters, and the high estimation of his character. (Applause.)

The Chairman mentioned that the sum which the solicitor of Dr. Waters had already disbursed was considerably beyond that incidentally mentioned by Mr. Fletcher; and further, that the actual amount of the expenses incurred could not be known until Dr. Waters' bill had been taxed, a form which could not be gone through until next term.

The resolution was then put and carried unanimously.

After some further discussion, the details as to subscriptions were referred to a sub-committee, and the proceedings terminated.

SMALL-POX IN LONDON.

The Lords of the Privy Council having had their attention drawn to the present very extensive prevalence of small-pox in London, have, through their medical officer, addressed a circular letter of advice on the subject to the boards of guardians of the 36 metropolitan unions and parishes, and are also employing a medical inspector for the purpose of personally communicating with the guardians of affected districts on the arrangements best suited for the emergency. The guardians, who, it will be remembered, are the local authorities for administering the vaccination acts, are urged by the Privy Council to do whatever is in their power to promote vaccination in their respective districts, and especially to enforce the law which requires children to be vaccinated. The measures which the Privy Council particularly advise guardians to adopt are these: 1. By comparing in detail the register of successful vaccinations with the register of births, and, by making inquiry at elementary schools and other establishments having many young inmates, to ascertain as far as possible what children are not yet duly vaccinated. 2. To give notice to the parents or guardians of such unvaccinated children warning them of the present danger of small-pox, and reminding them of the provisions of the law. 3. To see that in the local arrangements for vaccination every possible facility is given to the public, and that revaccination is freely afforded to persons who properly require it. 4. Wherever there appears to be much general neglect of vaccination to cause public notices on the subject to be extensively distributed and placarded throughout the district. 5. Under the provisions of the act 24th and 25th Victoria, c. 59, to cause proceedings to be taken for the recovery of penalties from those parents or guardians who, after notice, omit to have their children vaccinated, as the law requires.

The letter of the medical officer of the Privy Council concludes by adverting as follows to the subject of hospital accommodation:—"My lords also direct me to request that you will bring under the particular notice of your board that at the present time, when cases of small-pox among the poorer classes of society are arising in London at the rate of many hundreds per week, the Small-pox Hospital, even with the assistance of other hospitals, cannot give more than a tenth part of the accommodation required for the sick, and that consequently patients capable of spreading the disease are now either being detained in their own, often crowded, and unwholesome dwellings, or are received into parish infirmaries, where for the most part they can be but imperfectly separated from other inmates. And I am to say that in their lordships' opinion it is in the highest degree desirable for the purpose of arresting the present epidemic of small-pox, boards of guardians in those districts where the disease is prevailing should, either separately or conjointly, take measures for establishing, under proper medical advice, temporary hospitals for the exclusive reception of cases of small-pox."

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

SMALL-POX.

Lord Naas asked the Secretary of State for the Home Department whether the attention of the government had been drawn to the increase of small-pox in the metropolis, and whether it was his intention to propose during the present session any measure for the promotion of vaccination.

Mr. Lowe said that unfortunately when small-pox was not prevalent no trouble was taken by the proper authorities with regard to vaccination, but when the disease appeared in all its horrors then applications were made to the government for legislation, which, if ever so good, must be very tardy and insufficient for the moment. The subject had already engrossed the attention of the government, but much of the evil complained of was attributable to the neglect of the local authorities in not putting the provisions of the act in force. There was not, he was sorry to say, an act such as the one in England applicable to Scotland, but that subject was under consideration, and no decision had yet been come to upon it.

Births, Marriages, and Deaths.

BIRTHS.

Allen.—On the 20th ult., at Longton, Staffordshire, the wife of Dr. Allen, of a daughter.

Alexander.—On the 11th inst., at George street, Glasgow, the wife of Thomas Alexander, M.D., of a son.

Burns.—On the 12th inst., at St. Mary's, Gillingham, Kent, the wife of Dr. Burns, R.N., of a daughter.

Blake.—On the 10th inst., at Calthorpe place, Edgbaston, the wife of Dr. J. Gibbs Blake, of a son.

Bakewell.—On the 6th inst., at Hanley, Staffordshire, the wife of R. Hall Bakewell, M.D., of a daughter.

DAY.—On the 18th inst, at Robert-street, Hampstead-road, the wife of J. C. Day, M.R.C.S.E., of a daughter.

HUDSON.—On the 29th ult., at Hamilton square, Birkenhead, the wife of E. L. Hudson, M.R.C.S.E., of a daughter.

HULKE.—On the 16th inst., at Admiralty House, Deal, the wife of Dr. F. T. Hulke, of a daughter.

KEELE.—On the 12th inst., at St. Paul's road, Highbury, the wife of George Thomas Keele, M.R.C.S.E., of a daughter.

KENT.—On the 29th ult., at Beech grove, Ballyvourney, co. Cork, the wife of W. H. Kent, M.D., of a son.

MURRAY.—On the 7th ult., at Ajmere, the wife of Dr. Murray, Civil Surgeon Madras Service, of a daughter.

MARTIN.—On the 15th inst., at Crawley, Sussex, the wife of T. H. Martin, M.R.C.S.E., of a daughter.

MADGE.—On the 10th inst., at Fitzroy square, the wife of Henry Madge, M.D., of a daughter.

MARRIAGES.

BRITON—THOMLINSON.—On the 16th inst., at Bilton, Thomas Britton, M.D., of Driffield, to Sarah Ann, eldet daughter of the late Benjamin Thomlinson, Esq., of Tochwith, near York.

THOROWGOOD—ASHWIN.—On the 16th inst., at Bourton-on-the-Water, J. C. Thorowgood, M.D., of Finsbury circus and Blackheath, to Hester Mary, only child of the late R. Ashwin, Esq., of Bourton-on-the-Water.

WARN—HACKNEY—On the the 18th inst., at Clerkenwell, R. T. Warn, M.R.C.S.E., of Kentish-town, to Emma Lucretia, eldest daughter of J. Hackney, M.R.C.S.E., of Myddelton-square.

DEATHS.

BAINBRIDGE.—On the 16th inst., at St. Martin's-lane, J. Nathan Bainbridge, M.D., aged 63.

BANNER.—On the 2nd inst., at Rodney street, Liverpool, J. M. Banner, F.R.C.S.

BEELEY.—On the 10th inst., Benjamin Beeley, M.R.C.S.E., of Holmfifth, Yorkshire, aged 68.

BIRTWHISTLE.—On the 11th inst., J. Birtwhistle, F.R.C.S.E., of Primrose Cottage, Rosebank-road, Old Ford, aged 63.

BUTCHER.—On the 14th inst., at Truro, J. Breay Butcher, M.R.C.S.E., aged 34.

CUPPAGE.—February 10, J. Greer Cuppage, M.R.C.S.E., Staff Assist.-Surg., Army half-pay.

GELSTON.—On the 14th inst., at Chester street, Liverpool, J. J. P. Gelston, L.F.P. & S., Glasgow.

HARDING.—On the 11th inst., at North Kent-terrace, Woolwich, Wm. Woods Harding, M.R.C.S.E., Sargeon 14 Kent Artillery Volunteers, aged 32.

HOUSTON.—December 27, at Sydney, New South Wales, William Houston, M.D., formerly of Ballymena, Co. Antrim aged 45.

MOLYNEUX.—On the 11th inst., at the Abbey, Upholland, Lancashire, Helena Mary, youngest daughter of S. Molyneux, M.R.C.S.E., aged 2 years 11 months.

PATERSON,—February 24, at Kamptee, Colin Paterson, M.D., Acting Inspector-General of Hospitals to the Nagpore Force.

STEDMAN.—On the 11thinst., at Durrington, near Worthing, Silas Stedman, M.R.C.S.E., aged 66.

WATERMAN.—January 14, at at Saigon, China, Henry Waterman, M.R.C.S.E., aged 45.

WELLS.—On the 9th inst., at Portland, Dorsetshire, R. Forester Wells, F.R.C.S.E., late of Artillery-place, Finsbury-square, aged 47.

ZIEGLER.—On the 10th inst., at George square, Edinburgh, Alexander Ziegler, M.D.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows held on the 20th instant, the following gentleman, having undergone the necessary examination, was duly admitted a Member of the College :—Peter Daniel Anthonisz, St. Andrews, Ceylon,

At the same meeting, Edward Nolloth, previously and Extra Licentiate of the College, was also admitted a Member.

Also at this meeting the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the Science and Practice of Medicine, Surgery, and Midwifery, were duly admitted to Practise Physic as Licentiates of the College :—Thomas Rutherford Adams, Kilmoganny, Co. Kilkenny, Ireland ; Henry Barber, M.D. St. Andrews, Ulverston, Lancashire ; James Bisshopp, Lawn place, South Lambeth ; Thomas Blunt, Wigston Magna, Leicester ; Alfred Boulland Brocard, Merthyr Tydvil, South Wales ; Hugh Campbell, St. Paul's grove Cononbury ; Thomas Carter, Richmond, Yorkshire ; John Ellerton, M.D. St. Andrews Wakefield, Yorkshire ; Francis Hyde Forshall, Woburn place, Russell square ; Edward Harley, King's College ; Edward Ilott, Bromley, Kent ; Thomas Lyle, Stratton, Cornwall ; Hugh Richard Duncan Mackintosh, the College, St. Bartholomew's Hospital ; William Peter Rawlins, M.D., St. Andrews, Francis terrace, Kentish Town ; Reynalds, Truro, Cornwall ; John Roberts, Kidwelly, Camarthenshire ; Joseph Septimus Steward, Eusemere hill, Cumberland ; Alfred Wiltshire, M.D. St. Andrews, Malvern, Worchestershire

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 21st iust. :—Charles Stephen Abbott, Atkinson, Norwich ; John Barrett, Bath ; William Carter, Newbury, Berkshire ; Denis Collins, Liverpool ; Charles Etheridge, Stoke Ferry, Norfolk ; Thomas Evans, Llandyssil, Cardiganshire ; Herbert Everitt, Norwich ; Arthur Evershed, Arundel ; John Spencer Ferris, Bradford on Avon, Wilts ; Samuel George Freman, Stoney Stratford ; Samuel Hall Belper, Derbyshire ; Henry Addison, Hobbs L.S.A., Croydon ; Christopher Jeaffreson, Leamington ; George King, Leckford, Hants ; Harry Gage Moore, Lemington, Hants ; Anthony John Newman, L.S.A., Newport, Monmouthshire ; William Quarrell, Weston-super-Mare ; John Reynalds, L.R.C.P., L.S.A., Truro, Cornwall ; John Henry Simpson, Marksbury, Somerset ; Herbert Morris Spencer, Ackworth, Yorkshire ; David Howell Thomas, Swansea ; Frederick John Tucker, Milton street, Dorset square ; Albert Weaving, Oxford ; Thomas Carter Wigg, East Dereham, Norfolk.

At the same meeting of the Court, Messrs. Robt. Edwardes and Henry Hadlow, of the Royal Marine Infirmary, Woolwich, passed their Examinations for Naval Surgeons ; these gentlemen had previously been admitted Members of the College, their diplomas bearing date respectively May 4th 1857, and June 24th 1859.

The following gentlemen were admitted Members on the 22nd inst. :—Charles Beviss, M.D., St. Andrews, Sydling, Dorsetshire ; Robert Bowie, Hull ; Thomas Carter, L.R.C.P. and L.S.A., Richmond, Yorkshire ; Arthur Benjamin Jackson Eddowes, Loughborough ; Frederick Thomas Fagge, Hythe, Kent ; John David Frankish, Christchurch, New Zealand ; William Gill, Truro, Cornwall ; Joseph Good, Watford, Herts ; John Baily Grewcock, Folkingham, Lincolnshire ; Sidney Rossell Henson, Hull ; Hugh Richard Duncan Mackintosh, L.R.C.P., Cheltenham ; John Walker Martindale, Windermere ; Thomas Edward Mason, M.D. St. Andrews Deal, Kent ; Aaron George Medwin, M.D., St. Andrews and L.S.A., Blackheath road ; James Forman Milner, Hull ; John New Moore, Moreton-in-the-Marsh ; Walter Llewellyn, Nash, Cheltenham ; Basil Ringrose, Potter's Bar, Middlesex ; Walter Sumboll, L.S.A., Ramsbury, Wilts ; Edward Whitfeld Thurton, Ashford, Kent ; John Whitehead, M.D. St. Andrews and L.S.A., Preston, Lancashire ; John Hurd Wood, Nottingham ; Samuel Woodman, Finchley road.

Mr. HEATHER BIGG has been appointed Anatomical Mechanician to H.R.H. the Prince of Wales.

CAMBRIDGE MEDICAL EXAMINATIONS.—The examinations for medical degrees in the present term will commence on Monday, June 1st. The classical subjects for examination for the M.B. degree are—Hippocrates, the 1st, 2nd, 3rd, and 4th sections of the Aphorisms ; Aretœus, "On the Causes and Symptoms of Chronic Diseases," the 1st, 2nd, 3rd, 4th, 5th, 6th, and 7th chapters of the first book ; Celsus, the 1st and 2nd books.

BIRTHS AND DEATHS IN 1861.—The births of 696,406 children were registered ; 355,972 were boys and 340,434 were girls, or in the proportion 104·6 males to 100 females. These numbers are exclusive of still-born, which are not registered. The birth rate was 3·461 of the population, or one birth to every 29 persons living. It was higher than the mean rate, which is 3·318, or one in 30. The deaths of males were 222,281 ; those of females were 212,833 ; total, 435,114. The death-rate was 2·163 per cent. The mean death-rate of 1852·61 was 2·221 per cent.

THE PROPOSED MARKET IN LEICESTER-SQUARE.—A highly influential meeting of the inhabitants of this district was held on Wednesday last at the great room in Saville House, Sir De Lacy Evans, M.P., in the chair. A series of resolutions were unanimously passed, pledging the meeting to use every effort in their power to prevent the passage of a bill now before Parliament, to appropriate the space of the square for the purposes of a general market. The proceedings were of a very animated character.

ST. THOMAS'S HOSPITAL.—At a general Court of the Governors, held on Tuesday it was resolved—"That the Grand Committee be empowered to continue to negotiate with the governors of Bethlehem Hospital for obtaining the site of that hospital, and to submit proposals to that body either to build for them a new hospital in conformity with the plans and estimates prepared by Mr. Currey, the surveyor of this hospital, at a cost not exceeding 150,000*l.*, including the site, or to pay for the site and buildings of Bethlehem the sum of 150,000*l.*, subject to the approval of the Court of Chancery, and the sanction of Parliament and of this Court."

LONDON ORPHAN ASYLUM, CLAPTON.—The jubilee commemoration festival of this charity took place on the 15th inst. at the Merchant Taylor's-hall, under the presidency of his Royal Highness the Duke of Cambridge. His Royal Highness was supported by Lord Ebury, Colonel North, M.P., Mr. Alderman Salomons, and by many members of the Court of the Merchant Taylors' Company, and 271 gentlemen sat down to dinner. The managers propose to celebrate the year of jubilee by admitting 100 orphans to the benefits of the charity during the year, and as each child remains for an average period of six years, the extra cost to the charity for maintenance and providing the increased accommodation, will amount to nearly 10,000*l.* Towards this object the friends of the insti-

tution and the public have subscribed 7,600*l.*, including 920*l.* from old scholars, and the managers seem sanguine that before long the amount required will be duly forthcoming.

Presentation of the Freedom of Cullen to Dr. Edward.—A meeting of the Town Council of Cullen, N.B., was held on Saturday, March 28th, when the freedom of the burgh was presented to Dr. Edwards, of Cullen house, in recognition of his public spirit in promoting the interests of the burgh, and for his active support of its literary and scientific institutions. Provost Taylor, after a complimentary address, administered the usual declaration. Dr. Edward briefly replied, and, after partaking of a handsome collation, the Council separated.

Odontological Society.—At the meeting of this Society, held on the 2nd ultimo, a paper was read by J. Walker. M.D., on "Dental Exostosis, its Pathology and Diagnosis." The author commenced by defining what was to be understood by the term "exostosis," and described the various forms of the disease, which were illustrated by diagrams and specimens. He then considered the causes of exostosis, regarding inflammation of the peridental membrane as the first step in this morbid process, leading to an exudation of organizable lymph, which is converted first into fibrous and then into osseous tissue. The causes of inflammation of the peridental membrane were, caries, concussion, looseness of the tooth, and its apparent elongation from rising in the socket, rheumatism, syphilis, gout, and mercuralism. Hence exostosis may affect the fangs of sound as well as of carious teeth, though in a less degree. Speaking of rheumatism, the author expressed his opinion that this was a much more common cause of periostitis around the fangs and in the sockets of the teeth than is generally supposed, and one chief reason for this opinion was the very great relief from pain which he had repeatedly seen follow the use of the iodide of potassium when all other remedies had failed. The last division of the subject was the diagnosis of exostosis from other diseases about the face and mouth, particularly neuralgia and incipient disease of the temporal bone from otitis. He placed the chief distinction in the character of the pain. In exostosis it comes on gradually, is continuous, and often severe. In neuralgia it is intermittent, often severe from the commencement, but the patient has intervals of ease. In otitis the pain is always increased by pressure about the ear, and at length is relieved by the occurrence of a discharge of puriform matter; hearing will also be impaired or confused. The author more completely illustrated this division of the subject by cases occurring in his own and in the practice of others. He showed also an interesting specimen of a monkey's head, with the cancellous structure of the bones of the face highly hypertrophied, without extending to the bones of the skull, from irritation and inflammation arising from a diseased canine tooth, the fang of the tooth being exostosed.

Calicut.—Dr. Cleveland, late civil surgeon, Malabar, has succeeded in obtaining the Government sanction for a small pox hospital and a leper hospital at Calicut, the principal civil station of Malabar. Both of these are now in course of erection on an elevated site a mile and a half from the town. He represents the want of a proper lunatic asylum as being much felt. We trust his exertions will be successful in this respect also.

Health of London during the Week ending Saturday, April 18th.—The deaths last week were 1437. This number shows a decrease on that of the previous week, which was 1610, but is still unusually high for the middle of April. Small-pox was fatal in 42 cases in the last week of February, but in the present return the number is 62; measles has increased from 36 to 56; scarlatina from 68 to 86; whooping-cough from 54 to 71. The deaths from typhus were 67 last week. Eighteen of the 62 cases of small-pox occurred at 20 years of age and upwards. Last week the births of 1052 boys and 1028 girls, in all 2080 children, were registered in London.

Appointments.—A Bestall, L.K.Q.C.P.I., has been elected Medical Officer for the Camolin Dispensary District of the Gorey Union, co. Wexford, *vice* James Symes, L.K.Q.C.P.I., appointed to the Gorey Union Workhouse and Fever Hospital.—W. Bone, M.D., has been appointed Assistant Medical Officer for the Female Department of the Middlesex County Lunatic Asylum, Colney Hatch, *vice* J. Vivian Fanll, M.R.C.S.E., resigned.—J. Brisbane, M.D., has been elected (after a dispute and litigation extending over several months, and, finally, a fresh election) Parochial Medical Officer for the District of Ladhope, Melrose.—A. D'Oyley Brooks, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Grays District of the Henley Union, Oxfordshire, *vice* G. Dransfield Brown, M.R.C.S.E., resigned.—C. J. Bullock, M.D., has been elected Medical Officer of the Congleton District of the Congleton Union, *vice* J. Bullock, F.R.C.S.E., deceased.—Dionysius Donovan, M.B., has been elected Medical Officer and Public Vaccinator for District No. 6 of the Basford Union, Nottinghamshire, *vice* C. Grant, L.R.C.P. Edin., deceased.—J. Fowler, M.R.C.S.E., has been appointed House-Surgeon to the Clayton Hospital and Wakefield General Dispensary, *vice* Herring, resigned.—J. Haydock Gibson, M.D., has been appointed Physician to the York Dispensary, *vice* T. Simpson, M.D., deceased.—C. Vernon Hitchins, M.R.C.S.E., has been elected Medical Officer for District No. 3 (the Parish of Weston-super-Mare) of the Axbridge Union, Somersetshire, *vice* E. Martin, M.R.C.S.E., resigned.—T. M. Kendall, F.R.C.S.E., has been appointed Medical Attendant to their Royal Highnesses the Prince and Princess of Wales when residing at Sandringham Hall.—J. Sladen Knight, M.D., has been appointed Consulting Physician to St. Bartholomew's Hospital, Chatham.—J. H. Lakin, M.B., has been elected Medical Officer and Public Vaccinator for the Sutton Coldfield District of the Aston Union, Warwickshire, *vice* H. S. Chavasse, M.R.C.S.E., deceased.—J. Langston, M.R.C.S.E., has been appointed Consulting Surgeon to St. Bartholomew's Hospital, Chatham.—J. Lidderdale, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Kintbury District of the Hungerford Union, Berks, *vice* J. Lidderdale, M.D., resigned from ill-health.—T. J. Morrissy, M.D., has been elected Coroner for Tipperary.—J. C. Savery, M.R.C.S.E., has been appointed Public Vaccinator for the 2nd District of the Hastings Union, *vice* J. T. Penhall, M.R.C.S. Eng., resigned.—W. Walker, L.R.C.P. Edin., formerly Honorary Surgeon, has been appointed paid Medical Officer to the Metropolitan Benefit Societies' Asylum, Ball's-pond road, Kingsland.—F. W. Warrington, M.D., has been appointed Public Vaccinator for the Township of Congleton, *vice* J. Bullock, F.R.C.S.E., deceased.

APPOINTMENTS FOR THE WEEK.

Wednesday, April 29.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.

Thursday, April 30.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m.—Vesico-Vaginal Fistula, Ruptured Perineum, Fistula of Rectum; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Prof. Ansted, "On Geology."

Friday, May 1.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Royal Institution, 2 p.m.—Annual Meeting of the Members.—8 p.m. Mr. John Leighton, "On Japanese Art;" Western Medical and Surgical Society of London, 8 p.m.—Annual Meeting.

Saturday, May 2.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Max Muller, "On Language."

Monday, May 4.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, May 5.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Cure of Club Foot without Cutting Tendons. By R. Barwell, F.R.C.S. London: John Churchill and Sons, New Burlington street.

On Malaria and Miasmata, and their Influence in the Production of Typhus and Typhoid Fevers, &c. By T. H. Barker, M.D., F.R.S. Edin., F.R.C.S. Eng., &c. London: J. W. Davies, 54 Princes street, Leicester square.

The Stethoscope. No. III. London: J. W. Davies.

The Functions and Disorders of the Reproductive Organs. By William Acton, M.R.C.S. Third Edition. London: John Churchill. 1862.

On Rupture. By John Wood, F.R.C.S. Eng. London: J. W. Davies, 54 Princes street.

Transactions of the Obstetrical Society of London. Vol. IV., for the Year 1862. London: Longman and Co.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

Dr. D. E. G. is thanked for his friendly communication.

Dr. L. W. will observe that we have made use of the information forwarded to us.

A Country Practitioner's letter is inserted.

M.D.—The plan of treatment is fully given in the 3rd edition of the 'Functions and Disorders of the Reproductive Organs.' The subject is only cursorily alluded to in the other volume.

Dr. Merriman.—The papers have been received.

Omega.—The subject is under consideration.

Dr. H.—The communication has not arrived in time for notice this week.

Mr. W. A.—The question will be noticed in a short time.

PARISIAN MEDICAL NEWS.

Conclusion of the Debate on Drinkable Waters.—Action brought against a Medical Student for the Illegal Practice of Medicine.—A Selection of Medico-Legal Questions, by Messrs. Dumont and Serret.

The Academy has at last felt the necessity of coming to some conclusion on the subject of drinkable waters, and has put a period to further discussion, by passing a vote of thanks to Mr. Lefort, the involuntary originator of this protracted debate.

But Messrs. Gibert, Robinet, and Poggiale again addressed the meeting. Mr. Robinet complained that he had not been fairly treated by his adversaries. He alone had been the object of their censure, and yet being merely the mouthpiece of the committee, he had only reproduced the opinions, which he himself shared in, of the most eminent members of that body, which consisted of chemists, civil engineers, physicians, administrators, hydrographers, and jurists of acknowledged eminence.

Mr. Briquet has severely condemned the plans adopted by the corporation of the city of Paris, but this, observed Mr. Robinet, must have arisen from the fact that Mr. Briquet had not bestowed sufficient consideration on the subject. The object of the Town Council is to secure a liberal, a discretionary ameunt of water suitable for domestic uses, to every family in every story of each house; to put an end to voidance, and establish permanent means of clearing off the filth which accumulates in the dwellings and streets of this beautiful capital. Now this object is unattainable with the supply derivable from the Seine. To raise its waters to the summit of the hills around Paris, to establish adequate means of filtration, and to resort to, at best, uncertain and expensive methods of refrigeration, would obviously have been an impossible task. It was far more simple to convey to Paris, by the plan adopte dfor artificial rivers, a great volume of water taken at its emergence from the soil, and requiring no mechanical engineering process for the purposes of elevation, cooling, or filtration. I indulge in the hope, said Mr. Robinet, that on further reflection, Mr. Briquet will alter his views, and show less inclination to disparage the liberal and truly philanthropic intentions of the administration.

We agree with Mr. Robinet, and we conceive that the substitution of the more appropriate term *public* for that of *drinkable* waters, suggested by Mr. Grimaud (of Caux), places the question on a higher ground, and that the most obstinate water-drinkers will adopt this view, and overcome their objections to the Dhuis project.

— The *Monde Judiciaire*, a monthly periodical, edited by Mr. N. Billiart, a Barrister-at-law, publishes in its columns the following account of a singular action, brought obviously for the purpose of extorting money, by certain parties against Mr. A. Desmarres, Junr., a gentleman who has not yet obtained his degree, it is true, but whose name is familiar to all those who take an interest in the progress of ophthalmic surgery:—

"On Shrove-Tuesday," says Mr. Billiart, "the sixth chamber, devoted to the trial of misdemeanours, presented an unusual aspect. The crier of the court was transformed into a kind of female Antigone, whose attentions were required by several impersonations of Œdipus, the greater part of the witnesses being blind. The other persons whose attendance had been commanded, were physicians brought into court apparently for the purpose of delivering a series of remarks on the subject of *puriform ophthalmia.*

"Two victims of this formidable disease, the father and son, imputed the loss of their sight to the unskilful management of a young interne, not licensed to practice medicine or surgery. Considerate friends had kindly supplied equally infirm witnesses, prepared to swear to the incapacity and negligence of the defendant, who had also attended them. Nothing could be more dismal than the slow filing off of these poorly-clad and sightless men, who sat in silent array on the bench of witnesses.

"Of all the parties concerned in the case, one only, the defendant, wore a cheering aspect.

"Mr. Desmarres, Junr., is a student of medicine, aged twenty-two, who for five years, has studied diseases of the eyes under the tuition of his father, a pursuit which is attended with some peril, the son having twice, and the father three times, caught the infection of puriform ophthalmia.

"This young gentleman recently delivered, on the peculiar subject of his studies, a series of lectures, which were graced by the presence of many eminent members of the Profession. His entire life is spent in a dispensary, founded by Mr. Desmarres, Senr., in a house which belongs to him in the rue Hautefeuille.

"In this establishment twelve beds are devoted to indigent sufferers. In an adjacent ward upwards of six thousand outdoor patients are annually received, and seventy thousand gratuitous consultations are dispensed.

"When at an age, at which pleasure is in general the only thought, a young man thus devotes his life to works of charity, *his youth becomes venerable*, and his appearance at a police court must end in a triumph.

"Such was the event in the present instance.

"Mr. O. Falateux, who appeared for Mr. Desmarres, threw all his energy and talent into the case, and despite the efforts of his adversary, Mr. Jules Favre, the court declared that the defendant was entirely blameless, and condemned the plaintiffs to pay the costs of the action.

"An interesting circumstance, says Mr. Billiart, came out during the trial. Mr. Desmarres, Junr., married a few months ago, and his father presented him, as a marriage portion, with the hospital of the Rue Hautefeuille, saddling the gift with the obligation of continuing his clinical lectures, and delivering gratuitously seventy thousand consultations in the year. To neglect the hospital or consulting room, to be unfaithful to puriform ophthalmia, would be an infraction of his marriage-vow."

All this is perfectly correct. We must therefore congratulate sincerely Mr. A. Desmarres not on having escaped from a condemnation which in our opinion was impossible, but on having passed so creditably through an ordeal, which secures to him the esteem and sympathy of all right-minded men.

— Mr. H. Dumont, M.D., and licentiate at law, and Mr. Ph. Serret, a Barrister, intend in a series of pamphlets, to investigate the questions which most closely concern the interests of the Medical profession. So useful an enterprise deserves our warmest encouragement, and in order to permit our readers to judge of the value of the publication, we reproduce an extract from the first fasciculus which the authors devote to the consideration of the *Medical honorarium* (*a*).

"The term *honorarium*," say the authors, "applied to the lawyer's or physician's remuneration, is not merely euphemistic; a genuine difference arising from the nature of things, exists between the words *fee* and *salary*. . . . The physician's services are a *benefaction*, and the remuneration he receives is a token of the gratitude of the patient or of his friends. This is essentially different from mercenary service performed by literary or other persons, and from the hire of tool or pen. . .

"Neither in ancient nor modern legislation, therefore, can any regulation or tariff be found for this matter, which obviously escapes legal taxation.

"The duration and difficulty of treatment, the rank and circumstances of the patient, the position of the physician, his reputation which increases the value of his time and care, and to a certain extent, local habits and traditions, such are the true elements which guide the physician in the estimation of his services."

No legal clause or act is applicable in cases of litigation, and the award of the magistrate has not, therefore, accurately speaking, a *judicial* character. When a judge is called upon to decide on the amount of pecuniary remuneration to which a medical man is entitled, his position is that of an arbitrator who establishes an estimate according to the peculiar circum-

(*a*) Pamphlet 8vo., pp. 58. Savy, Rue Hautefeuille, Paris.

stances of each cause. In difficult cases, the opinion of one or more physicians is taken, and the courts might, with advantage, more frequently resort to this very obvious course, a curious illustration of which is to be found in our civil decretals.

The authors relate that the celebrated Tallien was brought to death's door by the fearful anxiety he incurred on the 9th thermidor. He was attended and saved by Dr. Havier, whose widow subsequently claimed a sum of 112*l.* as the amount of the fees due to her late husband. Tallien disputed the demand, and allowed himself to be sued. The court of appeal of Paris, before coming to a decision, appointed Dr. Guillotin, (the inventor of the guillotine,) to report on the matter, and this gentleman declared that in his opinion, on account of the severity of the case, of its successful issue, and of the patient's exalted position, (an important element in the question), the charge was fair and moderate. The court adopting this view, awarded to Dr. Havier's widow the full amount of her claim.

With regard to *the fees tendered to physicians summoned as skilled witnesses* in criminal proceedings, they are now obviously inadequate, even as mere indemnities, to the grave responsibility, and loss of time incurred in the discharge of these onerous functions.

The legal force of agreements in which a certain sum is beforehand stipulated for the cure of disease, has been warmly disputed, and Mr. Trébuchet has gone so far as to declare any compact of the kind immoral, and therefore invalid. Messrs. Dumont and Serret agree, in their private character, that bargains of this description are undignified and improper, but, as jurists, they deem that such contracts are generally binding, and should be literally carried out, except in instances of intimidation or of gross error as to the nature or gravity of the case.

These arrangements are, however, sanctioned by custom for accouchements and surgical operations, and are then, *à fortiori*, obligatory.

We reproduce, *in extenso*, Messrs. Dumont and Serret's remarks as to the period limited by statute, after which physicians are not entitled to recover.

"The legislator assumes that the intercourse between physician and client is one of ready-money transaction. In general, no written agreement has passed between the parties, and the law infers a prompt settlement of pecuniary obligations, placed under the sole guardianship of honour and memory—the memory of the heart.

"Hence Clause 2,272 of the *Code Napoléon*, which enacts that after a period of twelve months, a physician cannot recover unpaid fees.

"If, however, the debtor has subscribed a bill, circumstances are altered.

"In this case, the parties cease to rely on their mutual honour; and so long as the debtor has not withdrawn his written promise, it is more than probable that the obligation has not been liquidated. The annual limitation reposes on a presumption of prompt settlement, and has no longer any motive of existence. Therefore, when a debt due to a medical practitioner is proved by the production of a written document, the only limitation to which it is liable is that enacted by common law, which extends to thirty years, the period during which it may be recovered. (Commentary on Art. 2274. *Code Nap.*)

"It follows, from the same principle, that the one year's limitation is but a *presumption of prompt settlement*, and must, in a certain degree, yield to proof of non-payment.

"When, therefore, on the complaint of a physician, a dishonest debtor places himself under the protection of the statute of annual limitation, the question is not thereby entirely decided, as it would be in a case of common limitation, and the plaintiff may still cause the decisive oath to be tendered to the defendant.

"From what date is the annual limitation to be computed?

"From the period of the cessation of professional attendance, and not from the date of each successive visit, and separately for the fee due for each such visit, as by too literal an interpretation of Art. 2274 of the Code Napoléon litigants have occasionally assumed.

"For chronic diseases, however, or permanent morbid conditions, a distinction must be made:

"If (as frequently occurs in chronic disease) a genuine medication, or succession of pre-concerted measures of treatment, has been resorted to, the delay of limitation must start from the period of conclusion of such treatment, whatever may have been its issue.

"When, on the contrary (in chronic disease), occasional and unconnected visits have been paid, the honorarium due for each visit forms a distinct debt, and each fee becomes liable to separate limitation."

After showing that the *preference* granted to the physician as a creditor affects by right, and without any other condition than proof of the debt, the personal property of the debtor, and bears upon his real estate only when the former is insufficient for the liquidation of his liability, the authors inquire into the nature of the Medical man's privilege as regards the fees due for the patient's *last illness*.

"'These terms apply obviously, in the first place,' say the authors, 'to the disease which caused the death of the debtor; but when he has survived, the law still maintains the preference to the physician, provided no new illness has supervened previously to his having instituted legal proceedings for the recovery of the sums due to him, in which case he must take his place with the other creditors who provide evidence of debt by deeds.

"If he procrastinates, and omits to take legal measures, and if a new illness should occur before his claim has been settled, or before he had regularly obtained his preference, his privilege irretrievably lapses, and his rights are then the same as those of all the other creditors.

"It not unfrequently happens that the preference awarded to the expenses of the last illness, is placed in question by the special privilege accorded for house-rent by Art. 2102, in which case the proprietor of the house has a right to priority of payment.

"But the preference allowed by law to house-rent is of a special nature, and applies but to household furniture, and it is only on the produce of the sale of such furniture that the owner of the house enjoys a preference over the physician. With regard to all other personal property, the liability to the medical man reassumes the privilege assigned by Art. 2101 in the enumeration of general preferences."

These quotations sufficiently show the importance of the work undertaken by Messrs. Dumont and Serret. In the following number they will treat of professional secresy, and responsibility, of the sale of medical practices, of the circumstances which affect the power of physicians to benefit by legacies or gifts, &c. The success which the first fasciculus has already met with augurs most favourably of the future popularity of the publication.

HOTEL DIEU.

(PROFESSOR TROUSSEAU'S WARDS.)

On Nursing.

We have on several occasions already alluded to the important subject of lactation, and have repeatedly brought forward Mr. Trousseau's views on this question; but the Professor has the gift of investing with the charm of novelty every theme which he undertakes to expound, and we therefore trust that our readers will peruse with interest the following abstract of one of his clinical lectures, reported by our colleague and contributor, Dr. Gondoin.

All mothers, said Mr. Trousseau, cannot suckle their children; some are prevented by the state of their health, others by social duties of an imperative description, and a nurse must be employed. The physician should consequently be able to select a woman fit for the task, a matter of some difficulty on account of the erroneous views entertained on the subject by the public, and of the class of persons who devote themselves to this occupation.

A handsome face and good teeth are of secondary importance; but a good nurse should be young and have already reared one child at least. Thus, said Mr. Trousseau, a cow at the third calving will yield a more copious supply of milk; and a woman will also probably prove a better nurse if she has already suckled one or two infants, in which case both the breast and nipple are more fully developed. When, on the other hand, phlegmonous inflammation of the mamma has previously occurred, it is presumable that a more or less considerable portion of the gland has suffered in its texture, and that its secreting power is impaired, and, moreover, that a repetition of the abscess may supervene in the course of any future lactation. Whereas, if, on the contrary, she has suckled one or two children without any such mischance, it may safely

be assumed that she will be preserved from similar contingencies.

The nurse should have been confined six weeks or two months, because chaps of the nipple and the subsequent phlegmons generally appear within that time.

A full, rounded form of the breast is by no means indispensable; this may be chiefly dependent on adipose development, especially if the subject is generally inclined to plumpness; a *pyriform* shape is preferable, and on superficial palpation, an hour or two after suckling, nodosities should be observable, due to the accumulation of milk.

The contact of the child's mouth, or of a soft hand, should cause the nipple to enter into an active state of erection, and on slight pressure the milk should gush forth to a distance of four or five feet from the orifices of five, six, or eight lactiferous ducts. A blue network of enlarged veins should moreover be discernible beneath the transparent texture of the skin.

After these remarks on the external appearance of the secreting organ, Mr. Trousseau expatiated on the characters and qualities to be sought for in the milk.

When milk is drawn from the cow, the supply presents different characters during the three successive periods of the operation. The milk, of a blueish tinge at first, chiefly consists of whey or serum, with a small addition of casein, and no butter. In the second period, the secretion is white, contains less whey, a larger proportion of casein, and very little butter. The fluid, during the third stage, acquires a yellow colour due to the predominance of butter, some casein is present, and the amount of whey is considerably diminished. Cow-keepers are well aware of these facts, and take advantage of their knowledge for the purposes of their trade.

In the same manner, a nurse examined three hours after lactation will yield milk at first serous and blueish, subsequently white, and finally yellow. But we possess but one trustworthy method of ascertaining with accuracy the amount of the supply—*i. e.*, weighing the infant before and immediately after it has been suckled. Professor N. Guillot has thus discovered that a nursling draws when put to the breast, an ounce and a half or two ounces of milk during the first month of life, from eight to ten ounces during the third month, and between thirteen and sixteen ounces when he has reached twelve months.

It is highly desirable that a wet-nurse should be preserved as much as possible from all causes of physical or mental excitement calculated to affect the lacteal secretion in its amount or quality. Thus, to a hired nurse sexual intercourse should be entirely prohibited, and allowed but with much caution to a mother who suckles her own child. We learn, it is true, from comparative physiology, to which Mr. Trousseau often turns for the purpose of felicitous and graphic illustration, that brood-mares are again led to the stallion nine days after parturition, and that cows which in the course of six weeks or three months after calving are not in heat, are considered unlikely to yield a good supply, and although impregnated again, continue to nurse the calf sufficiently. It must, however, be acknowledged that the coincidence of pregnancy with lactation, promptly causes a diminution of the amount of the milk, although the qualities of the fluid remain unchanged.

A good nurse should not menstruate for eight months; if the catamenia return at an earlier period, the circumstance should, however, inspire no alarm, although during the menses the milk will contain a larger proportion of colostrum, which may induce a slight disposition to diarrhœa in the infant; but if the child's health is otherwise satisfactory, this little disturbance will prove unimportant, and spontaneously subsides after the cessation of the monthly period.

Many erroneous opinions prevail as to the kind of food most appropriate for nurses; they should, in general, abstain from stimulants; but, with this exception, their diet should be that of the family whose service they have entered.

Mr. Trousseau also alluded to the popular prejudice against a mother suckling her infant before milk fever has set in. The Professor observed that all animals suckle their offspring immediately after parturition, and women who adopt this plan find it advantageous, because the first succions form and develop the nipple, before fever and the rising of the milk tumefy the breast and diminish the mamillary prominence. The longest and largest nipple is the best. Now, the braces used by young girls interfere with the development of the nipple far more than stays supplied with gussets, in which the breast can readily expand. This must be borne in mind, and young women desirous of nursing should be advised, when they have reached the sixth or seventh month of pregnancy, to ascertain the size and condition of the nipple. If the organ is insufficiently developed, an artificial box-wood or ivory teat should be applied over the areola, and the nipple will promptly acquire the desirable size.

If the child and mother both prosper during the process of lactation, no supplementary food need be exhibited up to the end of the fourth month. The healthy appearance of the mother must not, however, be considered as positive evidence of a perfectly sound condition of her system, for at this period gastric pain and dyspepsia often supervene, rapid loss of flesh follows temporary embonpoint, and diminution of the lacteal secretion is the consequence.

On the other hand, in the case of a hired nurse, whose milk, at the time of her first entering on her duties, was already four or five months old, it will tend to decrease in quantity when the nursling enters on its fifth month, nine or ten months having then elapsed since the date of the nurse's confinement. Hence the necessity of additional nutriment for an infant of four or five months, and sometimes even younger.

This supplemental food should, according to Mr. Trousseau, consist in cow's or goat's milk diluted at first with equal parts of toast or barley-water, and subsequently with one-third or one-fourth only. It should be slightly sweetened, but always be less sweet than the mother's milk, in order that the nursling may not lose its taste for the breast. The infant should then be suckled three times only in the day—early in the morning at noon, and in the evening—and the contents of two or three sucking-bottles may be exhausted during the night, in order that the nurse or mother may enjoy undisturbed repose. Carefully prepared and well-boiled pap may then be resorted to, and, despite the denunciations of J. J. Rousseau, this kind of food is preferable to panada, and more especially to the various farinaceous succadenea advertised in the newspapers, and which families consider themselves obliged to purchase. After some time, light meat-soup may be tried.

Mr. Trousseau advisedly used this expression *tried*, because in the rearing of a child the mother must feel her way, and proceed with much caution. Each infant, said the Professor, has its own peculiar idiosyncrasy, and some have been known incapable of digesting any kind of milk, even the mother's. Supplementary milk may, therefore, be rejected. Soft farinaceous food may then be substituted, such as concentrated infusions of toast, barley or oats, light pudding, soups, and underdone fresh eggs. In Burgundy and Normandy, toast boiled in wine or cider is exhibited without any apparent injury. The amount of this kind of substitute should be gradually increased in proportion as the period of weaning draws near, in order to prepare the child for that trying process.

Royal Edinburgh Hospital for Sick Children.—This hospital, which was established in 1859, is now about to be removed to Meadowbank House which has been successfully converted into a large and commodious hospital, capable of containing forty-four patients. It will be ready for the reception of patients early this month.

Revalenta.—M. Allewaert, a Belgian physician, has been at pains to examine and analyze the much advertised revalenta, especially because patients, beset in every book or newspaper they open by revalenta advertisements, insist upon their medical attendants prescribing the nostrum. By chemical examination, he finds that the revalenta is the flour of some leguminous plant, probably an exotic one, and very similar to pea or bean meal. It does not contain, as pretended, a large proportion of nutritive material, and, in fact, no more than ordinary pulse. The good effects recorded can easily be explained by the diet and restraint to which patients submit, and by noticing that success is recorded upon people who had previously been subjected to long courses of medicine. It is well known that, with such people, the giving up of physic, and the use of a moderate diet, ordered either by a homœopath or revalenta-dealer, will sometimes prove very efficacious.

The Medical Circular.

LECTURES
ON THE DISEASES OF THE SKIN.

By George Ross, M.D.

No. V.

(Continued from page 200.)

Subjects: The Scrofulous Constitution; its Diminished Frequency; Causes of it; Small-pox, Scarlet Fever, Syphilis; the Papular and Scaly Diseases not Strumous; Necessity of Examining the Chest in Doubtful Cases; Favus and Impetigo.

The affections of the skin which depend upon, or are associated with a strumous constitution, are very numerous. They may be said to include the majority of those to which children are liable;—eczema, herpes, impetigo, favus, ecthyma, lupus, are the principal of these maladies. I by no means wish it to be understood that every case of eczema or herpes is indicative of a scrofulous habit of body; but on the other hand, when either of these affections proves obstinate, we shall generally find that its inveteracy or its recurrence is owing to a strumous taint. Impetigo, favus, and lupus, are pre-eminently strumous diseases. As surely as they occur, so surely may we determine the existence of a tuberculous cachexy.

With regard to the scrofulous constitution itself, I have my doubts whether it is so prevalent as it was in the last generation. At one time many books were written about scrofula; a treatise on this subject now rarely appears. Is this owing to a more accurate definition, and to the localisation of strumous diseases, or really to their diminished frequency and less formidable character? My own opinion is that there is less scrofula than formerly. Among the poor, ill-fed, etiolated denizens of the courts and alleys of great cities, we still find an abundance of bad examples of struma. It crops up in the childrens' wards of our workhouses, and in factories, too, where young people are employed, there is no want of illustrations of this sad degeneracy. Among the middle and upper classes, however, scrofula is less rife. The larger command of domestic comforts with good and wholesome food which those classes have enjoyed, and the greater attention bestowed on sanitary laws, have no doubt contributed largely to this result. In short, human life has increased in value concurrently with the correction of the scrofulous constitution, and probably because of it.

Then, again, struma is induced by the exanthematous diseases, especially small-pox and scarlet fever. The former malady was, perhaps, the most prolific source of the strumous cachexia, and our comparative exemption from it in recent years has diminished the liability to tuberculosis as manifested in the strumous type. The scrofulous constitution has been supposed to be a quarternary or some other diluted and infinitesimal form of syphilis; but there is no reliable evidence favourable to this opinion. It is a mere conjecture, and cannot be brought within the pale of science.

Notwithstanding this general proposition of the melioration of the strumous constitution, I admit that we meet with too many examples of it in the course of our practice. Lebert recorded 614 cases of scrofula, and found the skin to be affected in 116, impetigo and eczema constituting two-thirds of the cases. The papular and scaly diseases are not often associated with the scrofulous constitution. This fact accords with what we know of the other phenomena of struma. Exudation in one form or another, either into the connective or glandular tissue, or from an ulcerated surface, is characteristic of scrofula; so we find that those diseases of the skin which are associated with scrofula are either hypertrophic like lupus or exudative like impetigo.

The majority of the cases of strumous eruptions appear on the head and face; and, apart from their unsightliness, are often very offensive from the faint odour of the discharge. This is not the worst part of the matter. If an eczema be allowed to continue and to degenerate, it is sure to increase the damage of the constitution. The first overt sign of mischief is frequently the outbreak of an eruption on the face or scalp. At first it appears trivial,—only a few vesicles; by-and-bye they increase in number and discharge copiously, and then the glands of the neck are observed to enlarge. Beware of this symptom! The gland may, you say, only swell from irritation. Be it so; but unfortunately enlarged glands in children do not subside as quickly as they swelled; they are prone to become chronic, to indurate, if no worse, and they often resist all remedies.

If the enlargement subside quickly, so much the better; if not, we may look forward to more mischief. Examine the chest; if you find it contracted, flattened at the sides, or keel-shaped in front, if the respiration be short and hurried, the pulse feeble; if the circulation in the extremities be languid, and chilblains occur in cold weather on the toes and fingers; if the head be square, flat at top, and protuberant in the parietal and superior frontal regions, then make up your mind that there is struma in that constitution. It is of the utmost importance that this fact should be recognised, since, if the disease be allowed to continue, the mischief may be irremediable. The induration of the cervical glands which is caused by the irritation of eruptive diseases of the scalp, is a direct means of destroying the vital force of the patient. Sometimes these glands grow to a very large size, and mechanically impede deglutition and respiration, whilst also, by pressing upon the bloodvessels, they impair the nutrition of the brain. Wasting of the body ensues; the bones become carious, ulcerations take place, the development of the intellect is in abeyance, and even idiotcy results from a protraction of the complicated evils induced. A bright and precocious intelligence is not infrequently associated with a strumous constitution; but this is the case only when the glands of the neck are not enlarged, or not so much enlarged as to impede the circulation through the brain and interfere with its healthy development. Should this happen, the mind is always sluggish, and the child borders on fatuity.

It is apart from my subject now to advert to those associated tuberculous diseases of the brain itself, or of its membranes, which may affect the intelligence of the child; but these diseases only suggest additional reasons for arresting at an early period the progress of the strumous cachexia.

Favus and impetigo—dry and running scall—are the principal diseases that attack strumous children; and they are intractable in proportion as the constitution is impaired. Lupus is another affection caused by struma, and is the most formidable. Scrofulous children are also more prone than others to warts, which often spring from the ulcerated surface of an old pustule.

I have seen in a public establishment for children, several boys attacked at the same time with crops of warts growing chiefly about the eyelids and face. These followed upon the removal of pustular eruptions in this situation. These warts were obviously owing to local hypertrophy of the derma, although their occurrence in several children at the same period, might have led to a suspicion of their contagiousness, had the early history been overlooked.

Rupia is another affection frequently noticed in strumous habits. It is sometimes very obstinate; but however protracted or troublesome, it rarely leaves a blemish when cured. Rupia is generally regarded as an indication of constitutional syphilis; this opinion, though true in the main, is not invariably correct; for I have seen cases of rupia in children of a strumous diathesis, where there was certainly no taint of syphilis either in the child or its parents.

A child, who was a sufferer from strumous disease of the ankle-joint, was affected with rupia on the outer edge of the hand. The scab might be removed, leaving a bluish-red, smooth surface; but it would quickly reform. The disease continued for a year or two, but at length disappeared without leaving any mark.

Cutaneous diseases in strumous subjects rapidly degenerate; and the vesicular quickly runs into the pustular type. Hence the confusion of names in dematology, eczema becoming transformed into impetigo, or psoriasis, according to the idiosyncrasy of the patient. The most common disease to which strumous children are subject is porrigo, as it was formerly called, or, in more modern nomenclature, impetigo—employing this term as typical of this class of affections. For example, J. C., æt. five. Face covered with scabs like a mask; at present little or no discharge; the head is also covered universally with a thin crust, bossed with many scabs; numerous pustules are scattered over the body, and there are large patches of scabs about the flexure of the knee. The glands of the neck are considerably swollen, skin fair, head square and protuberant at sides. This was a second or third at tack; and already had existed some time, as might have been predicted from its constaceous character and its universality.

Five minims of liq. potas. were given every four hours; and an ointment composed of two drachms of ung. hyd. nit. and two scruples of oxide of zinc to an ounce of cerate, was applied externally. In two days the face began to clear, but as there was not much improvement of the scalp, the hair was ordered to be cut close, and the scabs removed by a poultice. As soon as the head was cleansed, a lotion composed of one scruple of the hyposulphite of soda, and one scruple of dilute sulphuric acid, to six ounces of water, was prescribed, with which to wash the head night and morning; after which the ung. hyd. nit. of three-fourths of the ordinary strength was applied. Quinine and cod liver oil were administered internally. Two days from this time, or eight from the commencement of treatment, the face was clear, the head nearly well, and all the pustules had disappeared from the body. The child, however, continued with the constitutional treatment.

These cases as a rule are easily relieved; I may say they always get well in a very short time if not too much stimulated. We are sometimes advised to cure them without cutting off the hair. This is possible; but if it be an object to cure quickly, both hair and crust should be removed, and the local application applied direct to the cutaneous surface. The hyposulphite of soda is a recognised

remedy in parasitic affections of the scalp; I have found it equally useful in ordinary cases of impetigo; and I am of opinion that its action is the same in both forms of disease—that, in truth, it heals and cleanses the skin rather than exerts a specific effect upon the parasite.

J. K., aged nineteen, pale, thin, deeply marked with small-pox, narrow in the chest, with depressed sternum, consulted me for the relief of impetigo, affecting chiefly the left side of his head, but not passing below the roots of the hair. The discharge was literally enormous. The hair was ordered to be cut off from the affected side, and an ointment composed of one drachm of calomel to an ounce of cerate rubbed in. Nutritious diet, with cod liver oil, was advised, and in the course of a month, without any alteration of treatment, the disease was cured.

A case of this severity, in a person of this age, is unusual, and could only be accounted for by assuming that debilitating causes were acting upon a radically bad constitution.

The most intractable and hopeless type of cases affecting scrofulous children are those of *favus;* happily, however, they are not frequent, and are found almost exclusively among the very lowest class of persons,—the dirty, ill-fed, unkempt, and insect-devoured denizens of metropolitan garrets. I have seen some horrible cases of this disease—hair rough as a furze-bush, scabbed and matted, neck knotted with enlarged glands, face pale and wan, expression apathetic, body shrunken and decrepit—miserable objects that one fears to touch and almost to look at, the pariahs of human sympathy. Nothing can be done for these without nutritious diet. The crusts may be removed and the head cleansed; but without habitual cleanliness and good food the general health, which is always contaminated, cannot be improved.

To be continued.)

REVIEW OF BOOKS.

On the Cure of Club-foot without Cutting Tendons, and on certain New Methods of Treating other Deformities. By RICHARD BARWELL, F.R.C.S., Assistant-Surgeon to the Charing-Cross Hospital, pp. 224, 1863.

The germ of this little work exists in a paper read before the Medico-Chirurgical Society in 1861, and published in its Transactions for 1862, entitled "On certain Grave Evils resulting from Tenotomy, and on a New Method of Curing Deformities of the Foot." Mr. Barwell was at one time a great admirer of the orthopædic measures adopted for curing distortions of the feet, especially the operation of Tenotomy, but in many of these cases he found, after carefully following up their history, that the deformity returned in a great number of instances, that in many more a different or opposite distortion supervened, and that in many patients all power over the limb was destroyed, so that the retention of the proceeding appeared to him at last to be only justifiable in exceptional cases. Not only did the operation itself appear to be objectionable on anatomical and surgical grounds, but the mechanical and after-treatment of club-foot by shoes, all of which act primarily and principally on the ankle-joint, seemed manifestly ill-adapted for the purpose in view. Mr. Barwell considers that paralysis of certain muscles is much more frequently the cause of club-foot than spasm of the antagonist muscles, and therefore he argues that by cutting the tendon of the shortened muscles the result must be to paralyze all the muscles, and that the foot will then become an inert mass, "hanging to the end of the leg like the swinger of a flail." This disabled limb is then subjected to shoes, which, according to Mr. Barwell, only produce the result of still further weakening the muscles.

Mr. Barwell's plan of treatment is directed upon principles diametrically opposite to those of tenotomy, and entirely different to that which is founded on wearing surgical shoes. He argues that it is necessary to restore the balance of the muscular action, the loss of which has produced the deformity, and that this restoration is to be acccomplished by substituting a force for the weakened or paralyzed muscles, not by depriving those that are still useful, of their power; that the artificial support must be applied as nearly as possible in the direction and position of the paralyzed organs; that the foot is not to be treated as a whole, but as a compound of many bones; that the foot is not to be fastened to any rigid clog, but that each part is to be allowed a certain degree of motion to be guided by the imitative force from an abnormal into the normal direction.

It is impossible for us to explain in a condensed manner, Mr. Barwell's plans for the cure of club-foot, the processes being very complicated, although they are ingenious and founded upon accurate anatomical data; they also necessarily vary according as the case to be treated, present the characters of varus, valgus, equinus, and calcaneus (the last being, as is well known, exceedingly rare), or a combination of varus and equinus. The materials employed by Mr. Barwell are simple enough, consisting of strapping-plaister, pieces of tinned iron, and some india-rubber springs, and these are adjusted, according to the nature of the case, in such a manner as to assist the action of the paralyzed muscles and gradually to overcome the distortion.

In an appendix there are twenty cases related in which Mr. Barwell's plan was adopted with successful results, and we cannot but remark that whether tenotomy be continued or not in Orthopædic Surgery, the arguments and the facts adduced in Mr. Barwell's book are deserving of attention by practical surgeons.

The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age, and Advanced Life, considered in their Physiological, Social, and Moral Relations. By WILLIAM ACTON, M.R.C.S. Third Edition, pp. 218. 1862.

The fact that this book has passed through two former editions, is a sufficient proof that it has been acceptable to the public, and Mr. Acton has been induced not only to incorporate much new matter into the text, and make many improvements and alterations, but to remodel the work entirely.

Mr. Acton has devoted the labours of his life to the subject of the present volume, and to other allied themes, and since his student-days in the London Hospitals and in the clinical service of Ricord in Paris, he has never ceased to examine with the utmost care the functions and disorders of the sexual organs. The results of his studies and meditations have been frequently presented to the world, and although many may, perhaps, consider that his style is somewhat Hogarthian, and that he paints human nature in too plain a garb, yet none, we believe, can deny the honesty of purpose which shines throughout his lucubrations. He has, no doubt, seen so much and heard so much, in the course of his professional pursuits, of the vice and profligacy of our times, that he feels a sincere desire, so far as it lies in his power, to stem the tide of immorality which he sees flowing around him and under the garb of pleasure luring its victims into hideous disease, premature exhaustion, and untimely death. That practitioners engaged in such pursuits may perhaps exaggerate the evils they observe, is natural enough, because their attention is more specially directed to such matters than other men's, and hence they are led to insist upon topics which have really only a limited interest, or the discussion of which is somewhat unsavoury, and is therefore generally avoided.

Still Mr. Acton is right in a great measure in the views he takes. The subjects to which he refers will crop out in the most decent society, and none but the wilfully blind can ignore them altogether. When legitimate medicine neglects its duties, a host of quacks usurp the place which has been vacated, and the public suffer enormously in purse and in person. The writings of Mr. Acton have already, we believe, been of great service in exposing the tricks and rascality of a host of scoundrels who prey upon the fears of the incautious, or who even fatten upon the timidity of the young and the innocent, and we believe that the perusal of his work, in a fair and candid spirit, will show that he is really anxious to uphold the dignity of medical science and improve the morals of the age.

The Pharmacopœias of Thirteen of the London Hospitals, arranged in groups for easy reference and comparison. By PETER SQUIRE, F.L.S., President of the Pharmaceutical Society, &c.; pp. 152. London, 1863.

This is a useful compendium of the formulæ employed at the following hospitals—namely, the Consumption Hospital, Guy's, King's College, London, London Ophthalmic, Middlesex, St. Bartholomew's, St. George's, St. Mary's, St. Thomas's, Skin, University College, and Westminster. It will form a good guide for the Medical Officers of Dispensaries and Infirmaries, where large quantities of drugs are prescribed and dispensed. The Latinity of these formulæ is rather rough, and belongs to the *canine* or dog-Latin kind. Still there is no excuse for such mistakes as gargarisma cinchonæ acidus and gargarisma communis (p. 32), linimentum plumbi opiatus (p. 46), mistura oleosus (p. 84). We should mention that the proportions of all the formulæ are given in detail, and as the relative quantities of the ingredients often vary at the different hospitals, it will be well for chemists and druggists to consult this little work, inasmuch as some practitioners attached to hospitals are in the habit of prescribing their hospital formulæ in private practice.

CAMBRIDGE MEDICAL EXAMINATIONS.—The examinations for medical degrees in the present term will commence on Monday, June 1st. The classical subjects for examination for the M.B. degree are—Hippocrates, the 1st, 2nd, 3rd, and 4th sections of the Aphorisms; Aretœus, "On the Causes and Symptoms of Chronic Diseases," the 1st, 2nd, 3rd, 4th, 5th, 6th, and 7th chapters of the first book; Celsus, the 1st and 2nd books.

THE MEDICAL CIRCULAR.

WEDNESDAY, MAY 6, 1863.

RECOVERY OF MEDICAL ACCOUNTS AND FEES.

We publish to-day the reports of two judgments, the results of which are of great interest to the Medical Profession. In both cases there was an application for a new trial, the verdicts having been for the plaintiffs, and the present decisions are given by the Judges, sitting *in Banco* at Westminster.

In the first case TURNER AND ANOTHER v. RAYNELL, the action was for the recovery of a surgeon's bill, the liability of the defendant not being denied, but the question depending upon the technical issue whether one of the plaintiffs was registered as a surgeon when the action was commenced. We need scarcely remark that the defence was a most mean and paltry one, as it was admitted that services had been rendered in a Medical capacity, and no plea of malpraxis or neglect was offered by the defence. Still the action was resisted on technical grounds arising out of the wording of the Medical Act. The plaintiffs were partners, and as we understand the case, one of them was both qualified and registered under the Act at the time when the action was brought, but the other partner was qualified though not registered before the trial was brought, but became registered before the trial was actually commenced. Hence came the subtle and not very intelligible plea, that as *one* of the partners was not registered when the action was brought, so *neither* of them could sue for the partnership account. A verdict for the full amount was given by the jury at the trial, but the defendants carried the case into the higher court, and applied for a new trial. The Judges, however, were not convinced by the ingenuity of the defendant's plea, and refused the rule for a new trial.

With the result of this application to the Judges we have no fault to find, but it appears to us that the words of the Chief Justice Erle in one part of his judgment, must either have been misreported or they are calculated to cause very great misapprehension. He is reported to have said "If one of the partners only was registered, he still thought they were entitled to recover. A Medical man might employ an assistant *or other person*, not qualified. How could it matter to the patient when a Medical man sent his assistant, who was not qualified, whether that person called himself a partner or an assistant? So far as the patient was concerned, it seemed to him *to be precisely the same thing.*" In the case now before us, both partners were qualified, and therefore no question can fairly arise, but we would ask Lord Chief Justice Erle whether a qualified attorney can take an unqualified person or persons into partnership, and thus enable them all to sue for legal charges? And again, whether, in a case of serious disease, it is really a matter of very little consequence, or is *precisely the same thing*, whether the patient is attended by an ignorant pretender or by a duly educated and qualified practitioner? We can hardly believe that the Lord Chief Justice of the Court of Common Pleas could talk such utter nonsense, and we therefore suppose that the reporter has not accurately caught his meaning; but if he did really say what is reported, then it must henceforth be considered lawful for any number of ignorant pretenders or downright quacks to legalise their practice by protecting themselves under the shield of any qualified man who might be disposed to lend his name for a consideration.

The other case, although of a different character, is equally interesting to the Profession. It is that of GIBBON v. BUDD, in which a physician sought to recover his fees for Medical attendance. The patient was dead, and the executors refused payment on the technical ground that a physician could not legally recover in a Court of Justice, the fees being mere *honoraria*, given or withheld at the will of the patient. The Jury in this case found a verdict for Dr. Gibbon for the amount claimed; but the defendant moved the higher Court for a new trial on the grounds just mentioned. The Judges, however, refused the application, and expressed their opinion that the Medical Act empowers physicians to recover their fees, although a College of Physicians may refuse to avail itself of this power in relation to a certain portion of its body, if it passes a bye-law to that effect. As the laws of the London College of Physicians now stand, the Fellows are prohibited from suing for their fees; but no such restriction exists with respect to the Members and Licentiates.

The decision in this case, although very just in relation to the case which originated the question, will, we apprehend, be received with mixed feelings by the Profession. It is indeed anomalous that while other persons pursuing various professions and trades are allowed to sue for the recovery of their debts, physicians should be debarred from such a privilege, and, so far as the judgment affirms the provisions of the Medical Act in relation to the recovery of fees, we may congratulate ourselves on the result. But if the decision is to regulate all future cases, we fear that very great confusion must ensue, or one of two consequences must happen. Either all physicians, or those who practise as such, must demand a guinea a visit, and be prepared to claim that amount in a Court of law, or the whole body of physicians must reduce their tariff of fees to suit the means of their patients. At present it is the custom for physicians to receive a guinea as the minimum fee, whatever may be the condition of those to whom they are called in; those who are very rich will perhaps pay more, and those who are very poor will pay nothing at all, or will resort to the dispensaries and the parishes. But if it were generally known that physicians had the right not only to expect but to claim payment at the rate of a guinea a visit, it is very clear that only rich people would employ physicians at all, and this class of practitioners must become very much restricted in number. Although Dr. Gibbon, bringing an action against an executor who has inherited an enormous fortune, and refuses to pay a paltry sum of 21*l.*, may recover his fees, yet it is very unlikely that a jury, in the great majority of cases, would give any such sum as a guinea a visit, except to practitioners of the highest eminence; and in the end it would be found that physicians, like all other practitioners, would be obliged to take what they could get.

It is for these reasons that we receive the decision of the case GIBBON v. BUDD with but a small amount of satisfaction.

SUMMARY OF THE WEEK.

SMALL-POX IN THE METROPOLIS.

This horrible disease still continues to prevail in London, and the public are beginning to feel the necessity both of providing for the care of existing cases and taking measures of prevention against future attacks. As we mentioned in our last number, the Small-pox Hospital at Highgate is full, and has been so for some months, and is, therefore, unable to take in any more patients; and although the other Metropolitan Hospitals very properly exclude such cases from their wards, yet nevertheless some patients admitted for other diseases exhibit symptoms of small-pox while under treatment, and are neces-

sarily detained. It is almost superfluous to state that as soon as the disease is detected, the patients are in all cases isolated, so as to prevent the dissemination of the morbid poison; but still instances are not rare in which students and nurses have taken the infection. Only last week we saw a student who had thus taken the disease. We are not aware whether the Metropolitan unions and parishes have yet adopted the suggestions of the Privy Council to provide separate accommodation for small-pox cases. We rather think not; but if we are in error, we shall be very happy to rectify it. It cannot be too often impressed upon the public that a single case of small-pox may become the focus from which thousands of people may be infected. Vaccination is now being very extensively performed, and all the public vaccinators have their hands full of business, the middle and upper classes eagerly availing themselves of the opportunity of having their children protected, and in innumerable cases submitting to re-vaccination themselves. This latter proceeding can do no harm, for if the person is protected, the vesicle will not be matured; if he is not protected, the perfection of the vesicle will prove the necessity of the operation. We cannot at all agree with one of our contemporaries, that mere neglect of ordinary hygienic measures will cause small pox, or that mere attention to ventilation, drainage, and cleanliness, will check the disease. The evidence is overwhelming that vaccination is the great prophylactic measure against small-pox; and in proportion as that operation is efficiently performed, so does small-pox decline in the number of its victims and in the virulence of its attacks. The remarks we made last week on the inefficient manner in which vaccination is at present conducted, are confirmed by subsequent inquiries which we have made on the subject, and we shall not fail from time to time to insist on more energetic measures being adopted by the authorities.

DR. RAMSBOTHAM AND THE CHESTER TRIAL.

Dr. Ramsbotham is singularly unfortunate in his efforts to exculpate himself from blame for the part he took in the late trial of Bromwich *v.* Waters. He has written to some of our contemporaries alleging that he was brought to Chester as an unwilling witness, and that he dissuaded the plaintiff, as far as he could, from bringing the action, and that, moreover, when he was first requested to see the servant girl, he did not know that the action was to be brought. A letter has appeared in the 'Medical Times,' however, from the plaintiff's solicitors contradicting Dr. Ramsbotham's statements in many important particulars, and so far from showing any unwillingness to appear at the trial, it seems that he actually wrote a letter expressing his readiness to come down to Chester, and requesting to know on what day the case was set down for trial, so that he might not fail to attend.

MR. PROPERT AND MR. ADAMS.

We are happy to announce that the difference existing between these gentlemen is likely to be amicably adjusted, although we cannot help thinking that Mr. Propert has been very tardy in yielding to the suggestion of referring the questions in dispute to a Court of Honour. If we understand the matter rightly, Mr. Adams offered to refer the points of difference to arbitration from the very first, and if this offer had been accepted, he would no doubt have been spared much anguish of mind and great pecuniary sacrifices. Still it is better late than never, and we leave the matter for the present, hoping that the decision of the arbitrators will be satisfactory to Mr. Adams and to the Profession.

ELECTION OF MEDICAL EXAMINERS AT THE UNIVERSITY OF LONDON.

The Examiners of the London University are a fluctuating body, being elected every year, and each Examiner can serve only a certain number of years, being after a definite term ineligible for reappointment. This circumstance will account for the disappearance of some well-known names on the Examining Board and the substitution of others. Dr. Sharpey and Dr. Tweedie having held office for many years are respectively replaced by Professor George Viner Ellis, in Anatomy and Physiology, and Dr. Sibson, in Practice of Physic. Mr. Ellis is well-known as a profound anatomist, and the author of one of the best works on practical anatomy in the English language, and he has held for many years the position of Professor of Practical Anatomy at University College, London, where his assiduous attention in the Dissecting-room and his kindness to the students have gained him extensive respect and popularity. Dr. Sibson is one of the Physicians to St. Mary's Hospital, and is well-known for his contributions to practical medicine. Associated with Dr. Sibson in the Examinership in Medicine is Dr. Edmund Alexander Parkes, and this appointment will give universal satisfaction, as Dr. Parkes by his indefatigable industry no less than by his amiable character has gained for himself a distinguished position in the Profession. He held for some time the appointment of Special Professor of Clinical Medicine at University College, and was subsequently appointed one of the Professors at the Army Medical School, an appointment which he still holds. Dr. Frederic Farre is the new Examiner in Materia Medica, a gentleman who has held for many years the appointment of Physician and Professor of Materia Medica at St. Bartholomew's Hospital, and who is one of the most active compilers of the forthcoming national 'Pharmacopœia.' Dr. Farre was also the chief compiler of the present 'Pharmacopœia' of the London College of Physicians, and has frequently held office as one of the Censors of the College. His appointment as an Examiner at the University of London, will also give general satisfaction.

EXPULSION OF A MEMBER FROM THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Robert Jacob Jordan, who in the 'Medical Directory' appears as of 29 George street, Hanover square, L.R.C.P. Edin., M.R.C.S. Eng., has been removed by the Council from the list of members of the Royal College of Surgeons of England. We understand that the immediate cause of this person's expulsion, was his conduct in reference to the exhibition of a so-called anatomical museum. The last person expelled by the College was David Griffith Jones, convicted of perjury at the Central Criminal Court. The vigorous steps thus taken by the College of Surgeons are worthy of all commendation.

REVIEW OF THE PERIODICALS.

'The Lancet.'

Professor Huxley gives his sixth lecture on the Structure and Development of the Vertebrate Skeleton; and compares the structure of the human skull with that of the pike, and also with that of those anomalous animals of the fish-tribe, the amphioxus, the myxine, the lamprey, and the chimœra. Dr. F. W. Pavy continues his Gulstonian lecture on Assimilation and the Influence of its Defects on the Urine. He pursues the inquiry as to the reason of the immunity of the living stomach from the action of its own gastric juice, and

he adduces some very ingenious and important experiments bearing upon this subject. It is not true that all living bodies resist the solvent action of the gastric juice, because Bernard introduced into a fistulous opening in a dog's stomach the hind legs of a living frog, and they were dissolved, although the frog continued to live. But as it may be urged that the frog is a cold-blooded animal, and therefore more likely to be acted upon by the gastric juice, Dr. Parry tried the same kind of experiment with the ear of a rabbit, which was at first eroded, and afterwards was almost completely removed. It is therefore not the living principle which protects animal bodies from solution. Dr. Pavy is inclined to believe that in the living stomach, the acidity of the gastric juice is neutralised by the alkalinity of the blood circulating through the vessels of the organ, and in order to put this opinion to the test, he made the blood acid by introducing dilute phosphoric acid into the stomach and tying the œsophagus, and it was then found that the stomach was digested, although the acid employed possesses no corrosive properties. Dr. Cotton concludes his paper on the action of the Hypophosphites of Soda and Lime in Tubercular Diseases, and he considers that these salts have no specific action in such cases. When improvement is observed, it appears to be due to the general *régime* of the hospital and to the other remedies employed, and on the unfavourable cases the hypophosphites produce no appreciable effect.

'The Medical Times and Gazette.'

Professor Huxley continues his lecture on Classification, the present lecture comprising a general sketch of the Comparative Anatomy of the Reptiles, Birds, and Mammalia. Reptiles and birds are so closely allied together in structure, that the latter may fairly be considered as an extremely modified and aberrant type of the former. There is, however, a very wide distinction between the aves and the mammalia, the latter always possessing an organ for the secretion of milk, for the nonrishment of the young after birth. Dr. W. O. Priestley continues his clinical lecture on Menorrhagia depending on Morbid Changes in the Ovaries, and describes the connection existing between this disorder, and the recently described disease known as pelvic hæmatocele. The treatment of menorrhagia consists in the administration of astringents and sedatives, and in a few cases the local abstraction of blood may be advisable, but if permanent enlargement of the ovaries and uterus has resulted, then the solution of the bichloride of mercury may be given, and afterwards bromide of potassium. Dr. Venables, in a communication entitled What is Diabetes, makes some practical remarks upon the disease. He discards altogether the division of diabetes into mellitus and insipidus, and considers that the presence of sugar is indispensable to the existence of the malady. The *mere* presence of sugar in the urine, however, does not constitute diabetes. The easiest test for sugar in the urine, according to Dr. Venables, is the fermentation-test, and after this has been applied, then Trommer's test should be used. Dr. Venables confesses that he is unable to explain the pathology of diabetes, and he considers it to be in all cases incurable. Dr. L. Emanuel writes a short paper on a Fatal Case of Snake-Bite, which occurred in India, the patient being a soldier. He was seized immediately after the bite with characteristic symptoms, and soon died, notwithstanding the cauterisation of the bitten part with nitric acid, and the administration of stimulants.

'The British Medical Journal.'

Mr. Thomas Bryant commences his second Lettsomian lecture on the Surgical Diseases of Children. He relates a case in which there was a congenital deficiency of the fibula, os calcis, cuboid, and three outer metatarsal bones with the toes, of the left side of an infant. The calf of the leg was very flabby, and the tendo-Achillis was apparently absent. In relation to the subject of orthopædic surgery, Mr. Bryant thinks that by far the larger proportion of cases may be successfully treated by mechanical means alone, and without operation. The mechanical plan which he is in the habit of adopting consists in rectifying the malposition of the parts by means of strapping-plaister alone. Mr. Bryant afterwards describes the difference which exists between the diseases of the nervous system in the child and in the adult. In the former the brain is more irritable and sensitive, but, nevertheless, children bear a thousand falls on the cranium with comparative impunity, owing to the anatomical disposition of the bones. Still children do suffer from concussion, and they are also liable to tetanus from wounds of the extremities. Dr. William Price relates a case of Direct Communication between the Bladder and Rectum, in which there was a passage of the fæces through the bladder and urethra for thirteen weeks; the case was fatal, and after death a scirrhous deposit was found in the rectum, there was peritoneal inflammation of the lower half of the large intestines, with stricture of the rectum, and above the stricture was an ulcerated opening into the bladder. Mr. Frederick Page communicates the particulars of a case in which a piece of slate pencil, an inch in length, was found after death in the left bronchial tube of a child. It was supposed that the foreign body had slipped from the child's mouth through the rima-glottidis into the trachea. The accident was followed immediately by signs of irritation of the windpipe and inflammation of the lungs, and death ensued in about a month.

'American Medical Times.'

Dr. Alfred L. Loomis continues his lecture on Typhus and Typhoid Fever, and he shows that at New York the same differences are found in these fevers as in England; it appears that all the cases required the administration of stimulants, but the typhoid cases required much less than the others. The guide to the administration of stimulants was the pulse; when it became frequent and feeble, stimulants were required in sufficient quantities to control it, without regard to the amount administered. Dr. Edmund G. Waters gives a report of twelve Gunshot Fractures of the Thigh, treated conservatively in the United States Army. It is stated that out of many persons who underwent amputation for this injury, only one recovered. Five out of six cases of the same operation were fatal in the British army in the Crimea. Dr. S. J. Radcliffe continues his report on Hospital Gangrene, giving the particulars of two cases which recovered. The local treatment consisted of the application of strong nitric acid, and the internal remedies were iron and quinine, with good diet.

Odontological Society.—At a meeting of this Society, held on the 6th ult., a paper "On the Treatment of Inflamed Dental Pulp," was read by Mr. Spence Bate, in which he maintained that for all practical purposes the conversion of the internal pulp into bone was very doubtful, after once an inflammatory action had been set up, and as a curative treatment most unsatisfactory. The treatment that he advocated was therefore extirpation of the pulp, by instrumental manipulation if possible; if not, then by the means of an escharotic. In order to do this he differed from that which practitioners advocated, being the minute but important alteration of exchanging a minimum for a maximum dose of arsenious acid, which he introduced into the cavity on a pledget of cotton wool that had been previously dipped into creosote, and hermetically sealed it in with a temporary gutta percha stopping. Mr. Bate stated that if this be properly effected the operation was changed from a painful, into an almost painless one, and that his experience for the last nine months had been that the fear of alveolar abscess, so much complained of, was nil.

The paper excited considerable discussion, in which Mr. Coleman, Mr. Tomes, Mr. Keene, and others took place.

Sanitary State of Hospitals.—The Privy Council have, through their medical officer, Mr. Simon, directed Mr. Holmes, of St. George's Hospital, and Dr. Bristowe, of St. Thomas's Hospital, to undertake an investigation into the relative sanitary condition of town and country hospitals. With the view of carrying out the inquiry, these gentlemen are making application to the hospital authorities for facilities to inquire into the general condition of these institutions. The object being only to obtain general sanitary data, and not to interfere inquisitorially nor in any way to criticize methods of treatment, no doubt these applications will meet with general assent.

MEDICAL SOCIETIES.

ROYAL MEDICAL AMD CHIRURGICAL SOCIETY.

TUESDAY, APRIL 14, 1863.

RICHARD PARTRIDGE, Esq., F.R.S., President, in the Chair.

A PAPER by Mr. HENRY THOMPSON was read on

THE SUCCESSFUL TREATMENT OF SEVERE STRICTURE OF THE URETHRA BY GRADUAL DISTENSION AT A SINGLE SITTING.

It is the author's object to illustrate and explain a new method of treating severe or obstinate strictures of the urethra. This term is intended to denote those which are little benefited by dilatation. The distinction which constitutes its novelty does not consist in the mere production of some alteration or improvement in existing mechanical contrivances, but in the adoption of a mode of action on the stricture itself, which is different from those which characterise any of the other systems of treatment pursued at the present day. The author shows in what it differs from dilatation, simple and continuous; from rupture, or "instantaneous treatment;" from cauterisation; and from incisions. He illustrates the proceeding, which he distinguishes by the term "gradual distension," and describes the instrument employed to accomplish it. By the process in question, the strictured part of the urethra only is acted upon, and this not to a degree short of, but up to or even beyond the natural calibre of the canal, wherever the stricture may be situated. All this is accomplished at one sitting, but with gentleness and slowness, so as to avoid unnecessary rupture; the degree of distension being regulated with absolute certainty, and its extent indicated with extreme accuracy, by apparatus in the handle of the instrument employed. The object of the operator is not to rupture, but to over-distend the fibrous tissue which constitutes the stricture, so as to destroy, or, at all events, to impair, its natural tendency to contract. He aims at attaining that result which occurs from the practice of over-distending vital tissues elsewhere,—viz., to impair or destroy their contractility. This is known to happen after the application of over-distension to both healthy and morbid tissues, and is turned to account by the Surgeon for that purpose. The class of patients for which this proceeding appears to be best adapted is described, and illustrative cases are appended. The instrument consists of two long and narrow steel rods, accurately applied throughout their entire length by the single plane surface which each possesses. The external surface of each rod is convex, so that together they form a nearly cylindrical instrument, but tapering towards the lower extremity, where they are closely united. At the opposite or upper end they are also united, and are surmounted by a handle resembling that of an ordinary sound. This handle is attached to a screw with a very fine thread, which being turned causes the two rods to diverge very slowly and very gradually from each other at a given spot, about six inches from the handle. When the separation of the blades is effected, an index placed near the upper end, and connected with some numerals on a disc, shows the exact degree of extension made by pointing out that number of the catheter scale to which the distension existing at that moment is equivalent. The general forms and contour of the instrument is that of a slightly curved catheter. When the screw handle is turned, the two rods separate, so as to form a long oval or spindle-shaped figure, the long diameter being about three inches and a-half or four inches in length, and the short diameter corresponding to the number of turns given to the screw, and varying between the slightest possible separation of the rods and an interval of about three-eighths of an inch, or even more. The stem of the instrument has marked on it a graduation in inches, which commences one-quarter of an inch below the point of maximum distension or centre of the spindle-shaped figure produced by the separated rods. It is that point which will correspond with the stricture when the instrument is placed in the urethra, so that the contracted portion of the canal undergoes the greatest amount of distension which it can be desired to produce, while the rest remains wholly unaffected. The mode of applying the instrument is as follows:—A medium or full-sized bougie or catheter is first passed as far as to the stricture, and the distance from it in inches to the external meatus carefully noted. Suppose it to be five inches, the operator, taking the distending instrument, places the little blue steel collar which slides on its shaft opposite to the figure 5, and passes the instrument through the stricture until the collar arrives at the meatus of the urethra, and prevents the instrument from entering further. The maximum point of distending power must therefore correspond with the narrowest part of the stricture. The act of distension is now commenced by making two or three turns of the screw-handle, and is continued by slowly turning it once every half-minute, taking care at the same time to prevent the instrument from shifting its position, by observing that the collar remains opposite the external meatus. In a short time the index, gradually rising, shows that the calibre is reaching Nos. 10, 11, 12, and so on, until in a few minutes No. 14 or 16 has been reached, which latter limit is usually quite sufficient. The screw-handle is now slowly turned backwards, not the whole way, but until the index has retreated to about No. 8 or 9, when the instrument is withdrawn. The operator next passes a full-sized gum-catheter into the bladder, and fastens it there, leaving it in place for about twenty-four hours. It is then removed altogether. All that remains to be done is to pass a full-sized metallic instrument every second day for a week, and after that at increasing intervals for a week or two longer.

Mr. HOLT said that his mode of operating having been alluded to by Mr. Thompson, he was desirous of offering a few remarks upon the plan which that gentleman had proposed to the Society, as contrasted with that which he (Mr. Holt) had adopted for some years. Mr. Thompson's instrument differed materially from his, both in the method of its application and its capability of enlarging the strictured portion of the urethra, and he claimed for his instrument the power of dilating the stricture to No. 14 or 16, while the meatus is not interfered with. For its application, however, it was necessary a gum-elastic catheter should be retained in the urethra for two or three days. It was then removed, and the seat of the stricture accurately ascertained by passing a large bougie. This is to be marked, and such measurement is to regulate the distance at which his dilator should be introduced. The patient being now placed under the influence of chloroform, the dilator was passed, and the handle slowly and gradually turned, so that dilatation could be effected to any extent, the whole operation occupying from ten to twenty minutes, according to the character of the obstruction. The dilator was now removed, and a No. 12 gum-elastic catheter substituted, and retained in the bladder for two or three days, according to circumstances. A No. 12 bougie was afterwards passed at intervals of a day, and so the after-treatment was continued as in any other plan. Now his (Mr. Holt's) first objection to this method of treatment applied to a difficulty which might arise in the hands of a Surgeon less accustomed to the passing of bougies than the author of the paper. The penis during an examination alternates in its length, and is at one moment quiescent and at another semi-erect. When this occurred, it would so alter the relative measurements as to render them of little value; and this part of the treatment was of great practical importance, inasmuch as it was necessary that the centre of the dilating power should exactly correspond to the centre of the stricture, and without it the dilatation would be either in front or behind the obstruction, and so be perfectly ineffective. His next objection would apply to instances in which there was more than one obstruction; for in his experience there were frequently two, and sometimes three or even four obstacles to be overcome, and in these instances it would be necessary to materially prolong the operation, or repeat it upon three or four separate occasions. Mr. Thompson laid particular stress upon his capability of dilating the stricture to No. 14 or 16 or more, when the meatus will only admit a No. 12. In the first place, he (Mr. Holt) believed the author was in error in supposing that a dense obstruction would allow itself to be dilated to the size he mentioned; it must be ruptured, as was shown by the occurrence of hæmorrhage. But even granting that it was so, he (Mr. Holt) could not see the least advantage that could arise from dilating a stricture beyond that which could be maintained by the after-passage of a bougie. The part which was so dilated quickly contracted, otherwise there would not be any necessity for the after-passing of the bougie; but as this was necessary, and the bougie could only represent the size of the meatus, no advantage could accrue from distending the stricture beyond its natural limit. If any further proof were required that this was so, he might refer to the median operation of lithotomy, which he had frequently performed, and removed, without cutting the neck of the bladder and prostatic portion of the urethra, calculi varying from an inch to an inch and a quarter, the parts being dilated by the introduction of the finger, the subsequent passage of the forceps, and the extraction of the stone. In all these cases the patient had retained the power of expelling the urine at will, which specially showed how speedily any undue dilatation of the urethra contracts again. His (Mr. Holt's) third objection would apply to the necessity of retaining a catheter in the bladder both before and after the operation had been performed. In many instances the patients were quite incapable of bearing the retention of a catheter, from the pain and irritative fever it produced, and it confined them to the house or bed for an unnecessary period of time. Mr. Holt then related a remarkable case of irritable and intractable stricture, in which, after all the usual means employed for a long period had failed in the hands of an experienced surgeon, he had, in a few minutes, split up the stricture with his instrument, and the patient recovered without a bad symptom, and remained well to this time—a period of twelve months. Were he not afraid of occupying too much of the Society's time, he could relate several most interesting cases to prove that he had not made any selection for the purpose of enhancing the success of his operation; but that, on the contrary, he had operated upon the most severe and complicated examples that could be submitted to the surgeon. Two other cases he would briefly allude to. One was that of a gentleman from Liverpool, who consulted him for incontinence of urine, from which he had been suffering for two years, during which he was compelled to wear a urinal, and his health was so damaged that he was recommended to go to

Madeira for a change. Upon inquiry, Mr. Holt was satisfied that the bladder was full, and, having gained the patient's consent to introduce a catheter, he with great difficulty passed a half No. 1, and removed three pints of most offensive purulent urine. His bladder was paralysed, and there was every probability from the length of time it had been distended, that the ureters and the pelves of his kidneys were abnormally enlarged. For the purpose of keeping the bladder empty, the catheter was introduced three times during each of the first two days, and upon the third he passed the dilator and split the strictures, so that the urethra would admit a No. 10 catheter. In one month this gentleman returned to Liverpool, with his health almost entirely re-established, passing urine with the greatest facility, and the urethra admitting a No. 10 easily. During the last month, Mr. Cutler asked his (Mr. Holt's) opinion upon the case of a gentleman who had been operated upon by Mr. Syme. The patient had subsequently been subjected to internal division, and a second time Mr. Syme's operation was performed by Mr. Bickersteth, of Liverpool. When he consulted Mr. Cutler, he was obliged to pass the catheter five or six times in the twenty-four hours, and he was entirely prevented, by the escape of urine during the intermediate periods, from entering into society. Mr. Holt having explained to him that in such a case he could not positively affirm what the result might be, consented to split the obstructions; but the patient, being exceedingly nervous from the recurrence of rigors after every attempt to enlarge the urethra, would not consent to the operation without the aid of chloroform. The dilator having been passed, it required all the force Mr. Holt could make use of, even with a towel placed over the large extremity of the tube, before the stricture could be split. Upon the dilator being removed, a No. 10 catheter was passed, and the bladder emptied. This gentleman never had a bad symptom of any kind or description; he never even went to bed, and in two days was able to visit some friends in the country. He declared that he could now pass urine better than he ever remembered; and in a fortnight he returned to Jersey, being capable of introducing an instrument himself without the least difficulty or pain. Mr. Holt stated that he had now operated in hospital and private practice upon more than 250 cases, without any complication of either infiltration of urine, abscess, swelled testes, or inconvenience of any kind, further than the occasional supervention of a rigor or mild attack of stricture fever. He must therefore still retain his opinion in favour of his instrument, which had now been tested to the utmost. It was perfectly simple, and capable of being used by any surgeon who was able to pass a catheter. The operation did not require either the previous or after retention of a catheter in the bladder; it was completed in one second, however many obstructions there might be; it did not, except in very severe cases, require the administration of chloroform, and the patients were not confined to the house longer than the afternoon in which the operation was performed; the pain was of the most trifling description, and the danger *nil*. He would only detain the Society another minute in describing the improvement he had lately made in the dilator, and which had only been completed that day. The objections raised to it by some surgeons were, that in its present state you had no positive evidence when you were in the bladder, and that the tube might possibly slip from between the blades. He had now so improved upon this that it was quite impossible the tube could so escape, and the dilator, acting as a catheter, permitted the flow of urine. He had no hesitation in declaring that, as now manufactured by Messrs. Whicker and Blaise, of St. James's street, the dilator was as perfect as any instrument could possibly be.

Mr. Solly was pleased at any proceeding which showed the advantage of dilatation over cutting in the treatment of stricture. He contended that if an instrument could once be passed into the bladder, cutting was unnecessary. There might be cases in which it would be impossible to succeed in such an effort, and then incision might become requisite. He had never had recourse to the plans recommended by Mr. Thompson and Mr. Holt, but had been in the habit of adopting a modification of Mr. Wakley's plan, previously resorted to by Hutton, of Dublin. He used a catgut bougie instead of the metallic guide, and elastic catheters instead of the silver ones. He had used this plan of gradually dilating the urethra with much success. In hospital patients he allowed the catheter to remain in the bladder for some time, but not more than half an hour in private practice.

Mr. Fergusson said it had been proved that dilatation of the urethra might be effected, even to the extent of a No. 12, 14, or 16 catheter in a few minutes, without risk, and effectually. The mode now adopted for this purpose differed entirely from what was called "forcing down a stricture" by the introduction of a full-sized catheter. This was not unattended with danger; for it was not always possible to tell where the point of the instrument would go, to what extent the urethra might be damaged. By the mode employed by either Mr. Thompson or Mr. Holt, no such risk was incurred. He (Mr. Fergusson) thought the plan mentioned by Mr. Solly would not be found so effective as when the silver instruments were used. With regard to Mr. Thompson's instrument exhibited that evening, he questioned if it were strong enough to break up the stricture without breaking the instrument in some of the more severe cases. This could not occur when Mr. Holt's plan was resorted to; however great the force applied, the instrument could not give way. So much force was occasionally required, that he (Mr. Fergusson) should be fearful of trusting to Mr. Thompson's instrument. This instrument, as far as the plan of treatment itself was concerned, did not differ much from that of Mr. Holt. The plan of immediate dilatation would do much towards dispensing with internal and external urethrotomy.

Mr. Acton was glad to hear that the advocates of the various plans for treating severe forms of stricture had not found cause for disparaging that by internal incision, a treatment he had found most successful. It was admitted on all hands that dilatation, consistently persevered in, was alone sufficient to remedy the greater portion of strictures. In hospital practice (in order to save the time of the poor) it might be necessary to resort at once to other plans; but among the upper classes, where a rapid cure was not of such importance, the patient usually objected to have his stricture split, or any other similar heroic remedy employed, and which he (Mr. Acton) was glad to hear was unattended with any danger. The Fellows of the Society must, however, recollect—and the shelves of the surrounding library would support the statement—that the advocates of every novel treatment of stricture had ever lavished the same praises on their different systems as had been listened to that evening. Time could alone test the value of the rival schemes; but he was not inclined to think that any one system would be found applicable to all cases. It had been stated in the course of the discussion, that within a short period, and in the practice of one Surgeon, 250 cases of stricture had been split. Now, seeing the comparative rarity of cases requiring such treatment, we must believe that many strictures have been split which would have been treated (by other Surgeons) by more simple means. The author of the paper had spoken of the success of his treatment depending "upon over-distension of the fibrous tissue, so as to destroy, or at all events impair, its natural tendency to contract." He (Mr. Acton) was yet to be convinced that over-distension at one sitting would accomplish this very desirable end; for the more he treated stricture, and the more he studied the structure which composed the india-rubber-like mass we had to distend, the less disposed was he to believe in a rapid cure, or that a healthy structure would at once displace this elastic tissue. Stress had been laid during the discussion by more than one speaker on the advantages of his or their operation as succeeding after others had been tried and failed. Mr. Acton would appeal to the practical Fellows of the Society if cases were not brought under their notice of patients who had been condemned to these heroic operations, and who before submitting to them applied for a second opinion, and who were cured by dilatation alone, showing that the operation that had been recommended was at least unnecessary. When dilatation was unable to effect a cure, internal incision came in most opportunely, and the division of the elastic tissue by the knife enabled the Surgeon to pass his instrument, and cure the stricture. This, he maintained, was the more scientific treatment, and more in accordance with all the theoretical and practical principles of surgery, and one which had been gradually gaining ground since the instruments employed had been perfected.

Mr. Maunder remarked that, whilst Mr. Holt stated that by his instrument the stricture was ruptured, Mr. Thompson called his mode of proceeding "gradual distension." Had Mr. Thompson had an opportunity of examining the urethra after death in a case in which his operation had been performed? If so, he (Mr. Maunder thought he would have found the stricture to have been ruptured. Mr. Maunder related a case of retention of urine in which it was necessary to puncture the bladder through the rectum. Eventually retention again occurred, when Mr. Holt's operation was performed without difficulty, and the patient made a good recovery.

Mr. Brooke did not believe that Mr. Thompson's instrument would have sufficient power in some cases such as he had seen Mr. Holt operate on. The strain upon the joint was very great in Mr. Thompson's instrument, and no joint could be made of sufficient strength to relieve the worst cases of stricture. In no case that he could conceive was either internal or external incision preferable to sudden dilatation. In the one instance there was a decided limit to the extent of the ruptured portion, whilst the incision might extend much beyond the limit of safety.

Mr. Hulke had employed Mr. Holt's plan in thirty cases, many of which were out-patients at the Hospital. He had never seen any untoward result, though the patients went about as usual. He did not regard it as a serious operation.

The President had in many cases followed Mr. Holt's plan of proceeding. He had never seen any but good results from it.

Mr. Thompson replied *seriatim* to objections raised by Mr. Holt. First that there was no difficuty in measuring the distance at which a stricture was situated from the meatus in order to adjust his instrument, and that no man who found that a difficulty was competent to use an instrument in the urethra at all. It was, indeed,

an ill compliment to surgeons to imagine want of ability to accomplish so easy a matter. Secondly, that it was not often necessary to apply the instrument for two strictures in the same urethra, but if there were two, no difficulty in applying it twice existed. Thirdly, that although it had been his practice to tie in a gum catheter twenty-four hours afterwards, he did not regard it as necessary; he had done so as a precaution, and if any objection to this existed, it would be as safe to dispense with it here as after Mr. Holt's operation. From the remark, that there was no advantage in distending to No. 16, if the bougies subsequently passed could not exceed No. 12, he differed very widely. It had long been admitted to be a desideratum to find some means of dilating the stricture to the size of the canal where it is situated, and it is notorious that the bulbous portion, where stricture most commonly exists, is little more than half dilated by a bougie which fills the external meatus. The subsequent dilatation by such a bougie sufficed, but if thought necessary it might be maintained by the distending instrument itself which formed an excellent dilator. He had a patient at this moment who preferred it to a bougie for ordinary use. Again, it had been assumed on theoretical grounds that its power was deficient. He could only say that in practice the instrument had resisted very severe tests, and was amply strong enough for its purpose; but he would say again, as he had said in the paper, that where the induration surrounding the urethra was very considerable, involving, possibly, the substance of the corpus spongiosum throughout, especially when anterior to the scrotum, incision was more likely to be permanent in its effects than either his own or Mr. Holt's method. He agreed with Mr. Acton that this was highly useful in some cases. An important distinction existed between forcible catheterism and distension, which had been well drawn by Mr. Fergusson; the dangers of that now happily exploded method resulted from tearing away the stricture from its connections, and driving it down the urethra. Simple expansion from within outwards, provided it was thoroughly efficient, had now been proved to be unattended with danger. Finally, it was most satisfactory to him to hear from Mr. Holt and others the success which had attended his operation, because in some particulars it was closely allied to his own proceeding; thus, he contended that Mr. Holt's operation might be perfectly performed with his (Mr. Thompson's) instrument, but that the latter possessed in addition these two advantages—first, power to carry the distension to a much higher point; and, secondly, that it could be done gradually and slowly, so as to over-distend the tissues as much, and rupture them as little, as possible. It was on these two grounds of difference that he claimed for this proceeding an examination and a trial, since he conceived them to constitute an improvement of no mean value.

THE PATHOLOGICAL SOCIETY.

TUESDAY, MARCH 17.

Mr. PRESCOTT HEWETT, President, in the Chair.

Mr. LITTLE exhibited a specimen of

MYELOID TUMOUR OF THE LOWER END OF THE FEMUR.

This specimen, consisting of a tumour involving the lower end of the femur, was removed by Mr. Curling from a man aged twenty-seven. The patient had enlarged glands in the groin and ham. The tumour had been two years forming. After amputation, the patient rapidly convalesced; the glands in the groin subsided. The lower end of the femur was enlarged to twice its natural size; the vertical section showed a thin shell of bone, from which the cartilage had disappeared, filled with dark-red masses, and much bloody fluid. Some of these masses consisted of blood-clot, others contained myeloid cells.

Dr. DICKINSON exhibited a specimen of

CRETACEOUS DEPOSIT IN THE PERITONEUM.

It was taken from a man who died of disease of the spine, in connection with which was an abscess in the pleura. The cretaceous matter was no doubt the result of drying up of tubercle.

Mr. HENRY THOMPSON showed for Mr. JEAFFRESON, of Framlingham, the

BLADDER, PROSTATE, URETER, AND KIDNEYS, AND DEBRIS OF CALCULI

From a man who died recently, aged eighty-six. Mr. W. Jeaffreson crushed a uric acid stone for the patient in 1846, and again in 1856. Mr. George Jeaffreson removed three or four small calculi with a lithotrite in 1859. The patient died of bronchitis in 1863. At the autopsy, seven small stones, evidently uric acid, the size of pins' heads, were all the calculus matter that remained in the bladder. The kidneys were atrophied, the ureters and bladder tolerably healthy. The prostate gland was greatly enlarged, especially the left lobe, which presented a well-isolated fibrous tumour, the size of a large nut, projecting very prominently. There was no difficulty in introducing an ordinarily-curved instrument at any time; there was never any retention, nor, when awake, any overflow, or involuntary passage of urine.

Mr. CANTON exhibited the parts removed in a case of

EXCISION OF THE ANKLE-JOINT.

The patient was a lad fifteen years old, and had had the disease nine months. Rest and treatment were fairly tried; but as he was no better, Mr. Canton operated on February 21 last. The patient was doing well.

Mr. HOLMES said that it would be interesting to trace the progress of this case, to ascertain how long he was in recovering, and also what kind of a foot would be the result. There was, he said, a great difference of opinion as to the relative merits of this operation and amputation at the ankle-joint. Mr. Barwell, in his work on disease of the joints, has stated that excision of the ankle was a trifling operation, and that the patients recovered quickly. He (Mr. Holmes) had seen several cases, and could not say that they were so successful as Mr. Barwell would lead us to suppose. They were slow in recovering, and they were not yet safe from amputation. One of the cases to which he referred was that of a boy who was not able to put his foot to the ground until eight months after the operation. In another case, the patient could not do so ten months after the operation.

Mr. PARTRIDGE said that he had performed Pirogoff's operation twice in children, and in the adult had once performed Syme's operation. In the last instance the convalescence was long and tedious, but in the others recovery was rapid.

Mr. HENRY THOMPSON called attention to the difference in age between the cases compared. He could hardly imagine that it was to be expected that the retaining a portion of bone in the lower flap could contribute in any way to the rapid convalescence. As to experience, he had every reason to be well satisfied with the results of Syme's operation at the ankle-joint. He had done it five times; in four with excellent results; the fifth died of phthisis a few months after, before any opinion could be formed as to matured results. He believed that he could show three of them to the Society, and would do so.

It was resolved that members should be requested to bring cases of the various operations spoken of before the Society on the evening of Tuesday, April 21, in order to compare the results.

Mr. THOMAS SMITH then exhibited ureter and bladder, showing

PROLAPSE OF THE URETERS INTO THE BLADDER.

It was taken from a patient who had had stricture. The left ureter formed a swelling as large as a walnut, having a pin-hole aperture on one side for the escape of urine. The right was prolapsed to a less degree. In other respects, the specimen presented the usual pathological changes found in cases of old stricture. Mr. Smith considered that when the ureters became so large as to be influenced by the pressure of the abdominal muscles, just as the intestines are ordinarily in defecation, the urine being unable to find a sufficiently easy exit from the ureter into the bladder during efforts of urination, the mucous membrane of the lower end of the ureters was forced into the bladder.

Dr. MARKHAM showed a specimen of

CYST OF A SEGMENT OF THE MITRAL VALVE.

The patient had had obscure symptoms eighteen months before death, and for five or six months had been worse. There was a distinct diastolic murmur. He died suddenly of angina pectoris.

Dr. Markham, Dr. Peacock, and Dr. Bristowe were requested to make a report on the specimen.

Dr. GIBB brought forward a patient before the Society afflicted with

ELEPHANTIASIS GRÆCORUM AND LEONTIASIS.

He was 44 years of age, and had been twenty-five years on the Malabar Coast. He returned to England about five years ago, and, shortly after, the disease commenced in the hands in the usual way; afterwards it appeared in the feet; then the mouth, throat, face, and ears became affected; giving to the face the peculiar characters and expressions of leontiasis. His voice was a sort of shrill squeak or false tenor, owing to the extension of the disease to the larynx, which had been examined by Dr. Gibb with the laryngoscope, and the peculiarities there noticed were described. Some of the phalanges of the fingers and toes had fallen off; the nails were in a state of ulceration; insensibility of the various parts was present; and here and there hard tuberculous lumps were felt beneath the skin of the wrists, hands, &c. Altogether, the case was shown as a tolerably well-marked example of this terrible disease, and the voice had that peculiar character which permitted of the immediate recognition of the disease in ancient times.

Dr. GIBB illustrated a case of

SPONTANEOUS EXPULSION OF AN ELONGATED POLYPUS GROWING FROM THE LEFT VOCAL CORD,

by means of a series of diagrams, showing its progress from the beginning. The patient was a young lady whose voice had been affected for some years, but not lost. Latterly a growth had formed two-thirds the length of the vocal cords, and running parallel to them from before backwards. When the glottis was closed it lay over the fissure, and did not hang downwards in the trachea. Its pedicle was small, it became strangulated one evening, and permitted of spontaneous expulsion, thus obviating the necessity of its removal by operation.

Dr. Dickinson showed a specimen of

APOPLEXY OF ONE SUPRA-RENAL CAPSULE.

It was taken from a patient who died of phthisis. There was no discoloration of the skin. The capsule was soft, and infiltrated with blood.

Dr. Wilks said that he had recently received a pamphlet from an Italian Physician on "Apoplexy of the Supra-renal Capsules." He had found that several persons had died suddenly from—he believed—apoplexy of the organ. He (Dr. Wilks) had often seen this condition of the capsule, and had not regarded it as having been of any great moment.

Dr. Wilks was requested to make a report on the specimen.

Dr. Montgomery then showed a specimen of

LARGE FATTY KIDNEY.

The structure was infiltrated with whitish matter, some of the tubes being filled with it. By careful examination he had found that the material was not fat, but cholesterine. He had found, too, that the so-called "nuclei" of inflammatory products consisted of cholesterine. He had suggested that some drug, which was known to have the property of dissolving cholesterine, should be used in treating these cases; and Dr. Bristowe had given copaiba in several cases, and with some improvement.

Dr. Bristowe remarked that he had given the copaiba in cases in which there was supposed to be the large fatty kidney as well as the granular one, with about equal results.

At a previous meeting, Dr. Ogle showed a case of

FIBRINOUS CONCRETION OF A GLOBULAR FORM, AND OF ABOUT ONE INCH IN DIAMETER, LYING LOOSE WITHIN THE LEFT AURICLE OF THE HEART.

The case was that of a woman, E. M. C., aged 43, who having complained for six weeks of difficulty in breathing and swelled legs, was admitted into St. George's Hospital with anasarca of the legs, dyspnœa, and feeble but irregular action of the heart. On stethoscopic examination, "mucous râles" were heard all over the chest, and ægophany on the right side. Moreover, there was a loud *bruit* at the apex of the heart, heard distinctly with the systole, and doubtfully with the diastole. The patient much improved after being cupped on the chest, and under the use of diuretics. No albumen was found in the urine. After a time, the breathing became more hurried, but no pain was felt. Dyspnœa increased until death occurred, about five weeks after admission. On post-mortem examination, the lungs were found to be œdematous, and their lower parts hepatised and much fluid was found in the right pleural cavity. The heart was larger than ordinary, and its walls thinned The mitral valve was reduced by thickening, and by calcareous deposit in its elements to a small buttonhole-shaped aperture. The inner surface of the left auricle had several patches of fibrin attached to it, and also lying "loose" within its cavity was a large spherical mass or concretion of fibrin, weighing rather more than four drachms, perfectly solid throughout, and uniformly granulated in a remarkable manner on its surface, excepting in two places, where marks, like indentations, existed. This globular mass had also attached to it at one spot a small amount of shreddy loose fibrin. Section through this singular body showed its interior to be mainly composed of friable fibrin; but at one part its circumference, and a certain amount also of its inner substance was formed of distinctly laminated and darker coloured fibrin. The kidneys were found to be large and very congested and to contain "fibrinous blocks." The supra-renal capsules were of ordinary size, but so firm in consistence as to be of almost cartilaginous hardness.

THE WAKLEY TESTIMONIAL.

At a meeting held at the house of Mr. Hancock on the evening of the 20th current, the Hon. Secretary (Mr. D. O. Edwards) presented a report on the past proceedings. This report stated that some practitioners of the metropolis had thought it desirable that some testimonial should be presented to Mr. Wakley, as an acknowledgment of his great public services. This proposition was widely accepted by the medical profession, and two hundred influential gentlemen formed themselves into a general committee for the purpose of carrying it out. It was resolved that a suggestion should be made for the limitation of the subscription to two guineas individually, which had the effect of materially curtailing the amount. A meeting was held, at which highly complimentary resolutions were passed and subscriptions were received.

The auditors' report was read, vouching the accounts.

The following resolutions were then passed:—

1. "That the report read be adopted, and that the funds collected be offered to the University of London, to be vested in trustees, and for the purpose of founding an annual Medal Prize, to be called the Wakley Medal, and to be given to the candidate for the M.B. degree of the University of London who shall show the greatest proficiency in Medical Jurisprudence."

2. "That the Chairman, Treasurers, and Secretaries be requested to confer with the authorities of the University of London on the above subject."

3. "That the members of the General Committee and all others who have promised subscriptions be requested to forward the same, and that further subscriptions be received up to May 30th, after which date the lists will be closed. Subscriptions may be paid to the above account at Messrs. Drummond and Co., Charing-cross, or to the Treasurers, Dr. Forbes Winslow, Cavendish-square, and Mr. Godrich, Thistlegrove-house, West Brompton."

4. "That the thanks of the meeting be given to the Treasurers and Secretaries for their exertions in promoting the movement, and that those thanks are especially due to Mr. Godrich and Mr. D. O. Edwards, by whose exertions it has been chiefly advanced."

5. "That the thanks of the meeting are due, and hereby tendered, to Mr. Hancock, the Chairman of the present meeting, for his courteous and dignified conduct in the chair."

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

Wednesday, April 29th.

SEWAGE OF TOWNS COMMITTEE.

Mr. K. Seymer moved that the analysis of evidence appended to the report of the Select Committee on Sewage of Towns in the Session of 1862 be cancelled, on the ground of an irregularity in the proceeding of that committee in excluding all debateable matter from the report of the committee, and producing it all in the analysis of evidence. The hon. gentleman quoted from the report an analysis of evidence in proof of the proposition.

Mr. Paget seconded the motion.

Mr. Brady opposed the motion, and contended that there were three propositions which could not be controverted: First that the agricultural interest suffered from the want of good manure; secondly, that that want had been partially supplied by artificial manure; and thirdly, that it was not for the interest of the trade that any change in the present system should take place. The hon. gentleman then proceeded to criticise the report of the royal commission, and remarked especially upon that part which alluded to the unknown process of applying manure all the year round.

Mr. Ayrton supported the motion.

Sir G. Grey thought there was some mistake in the manner in which the hon. member for Leitrim embodied his views on the report, and recommended the analysis to be cancelled.

Dr. Brady consented to withdraw the analysis.

The motion was agreed to.

MEDICAL OFFICERS OF THE INDIAN ARMY.

Mr. Bazley asked the Secretary of State for India when the medical officers of her Majesty's Indian army would be placed upon a perfect footing of equality with the medical officers of her Majesty's British army, and the reason why the important paragraphs in the Royal Warrant of October, 1858, which regulate the substantive pay of British army surgeons, and ensure to them all the advantages and precedence attaching to their rank, and regulate quarters, rates of lodging money, forage, sick and retiring allowances, and many other substantial advantages, had been omitted in the Indian Army Medical Warrant of January, 1860; and the reason why Indian army medical officers of ten and fifteen, and in the Madras army of eighteen years' service in the tropics, only receive a subaltern's allowance of 6s. 6d. per diem when on sick leave, or about 100*l.* a year, and are expected to provide themselves with a return passage to India, when medical officers of the British army receive, under similar circumstances when on sick leave, more than double and treble the above sum, and are furnished with a Government passage when rejoining their corps in any part of her Majesty's dominions; and when these distinctions would be remedied.

Sir C. Wood, in answer to the question of his hon. friend, could only say that the warrant of 1860 did not profess and was not intended to make the position of the medical officers of the two services perfectly identical. Their position was different in many respects; but what was done in 1860 was to place the medial officers of her Majesty's Indian army on as improved a footing as possible, though still differing in some respects from that of the medical officers of the British army. The whole medical establishment of the Indian army was under consideration at this moment. He had mentioned, on a former occasion, that some difference of opinion prevailed on the subject in India, and a scheme was sent home, which he had approved, with the general assent of the medical commission in this country, but it had not yet received the sanction of the Secretary of State for War.

LEGAL INTELLIGENCE.

GIBBON V. BUDD.—THE RECOVERY OF PHYSICIANS' FEES.

This was an action to recover a claim for medical advice, attendance, and medicines tried before Mr. Baron Bramwell at Guildhall, when the Jury returned a verdict for the plaintiff. Subsequently Mr. Lush, Q.C., obtained a rule to set aside the verdict and to enter a nonsuit, and it now came on for argument. The jury found that the plaintiff had attended the patient in the character and ca-

pacity of a physician, and the important question raised for the opinion of the Court was whether a physician could, under the Medical Practitioners Act, (21 and 22 Vict. cap. 20), recover his professional fees. The principal authority upon the point previous to the passing of that act was 'Veitch v. Russell," in which the Court of Queen's Bench held, in 1842, that a physician had in general no legal right of action for his fees, but he might have it by a special contract.

Mr. Cole in showing cause against the rule on the part of the plaintiff, contended that the act in question had expressly given a physician the right to recover his fees.

Mr. Lush and Mr. Dowdeswell having been heard on the other side,

The Lord Chief Baron said that all the members of the Court were of opinion that the rule should be discharged. The proviso in clause 31 put an end in his mind to all doubt about the true construction of the clause itself, because it said that all persons registered under the act should be entitled according to their qualifications, to practice medicine or surgery, and to demand and recover in any court of law reasonable charges for professional aid, advice, and visits, and the cost of medicines. Then with respect to physicians, it said that it should be lawful for the College of Physicians, to pass a bye-law to the effect that no one of their fellows or members should be entitled to sue in the manner aforesaid in a court of law, and that such bye-law might be pleaded as a bar to his action. That seemed to mean that whereas heretofore there was a doubt about the right of a physician to recover his fees, it should now be the law that he might recover them; but nevertheless, the College of Physicians, if they desired to preserve that sort of dignity which was secured by not practising, except for some supposed honorarium, they might pass a bye-law for the purpose. Formerly the presumption was that the services of a physician were honorary and gratuitous, at least so far that he could not make a legal claim for payment; but now it was the other way, and a physician practising without making a distinct arrangement that he was not to be paid, was entitled to be paid and recover his claim unless he were restrained by a bye-law of the College of Physicians. He therefore, thought the plaintiff was entitled to recover.

Mr. Baron Martin and Mr. Baron Bramwell having expressed a similar opinion,

The rule was discharged.

COURT OF COMMON PLEAS, WESTMINSTER, APRIL 28.
(Sittings in Banco, Easter Term, before Lord Chief Justice ERLE, and Justices WILLES, BYLES, and KEATING.

TURNER AND ANOTHER V. RAYNELL.

This was an action brought on a surgeon's bill to recover 46*l.*, in which a verdict was found for the plaintiff. A rule having been obtained to set aside the verdict and enter it for the defendant, on the ground that one of the plaintiffs was not registered as a surgeon when the action was commenced, and that, therefore, being partners, neither of them could sue for the partnership account.

For the plaintiffs it was contended that one of the plaintiffs, Mr. Turner, being registered as a surgeon and apothecary, that was sufficient under the statute to entitle both to sue as partners, and the other partner, Mr. Smith, was registered as a surgeon before the trial came on, which he contended was sufficient under the 31st section of the Medical Act (the 21st and 22nd Victoria, cap. 90), which only required it to be proved at the trial that the medical man suing was registered. It was further contended that both partners ought to be registered as apothecaries, otherwise, one being disabled from recovering for medical attendance for want of being registered, the partnership could not sue for medical attendance, and the whole of this bill, with the exception of two items, one for syringing the ear and the other for galvanizing Mrs. Raynell, which it was contended were surgical operations, was for medical attendance. The charge for these two items was 2*l.* 10s. It was contended that to give this construction of the statute would be unreasonable, as it would prevent two persons joining in partnership, one of whom was a surgeon and the other an apothecary, one devoting himself to the surgical, and the other to the medical practice of the partnership, which could not be the intention of the statute.

For the defendant it was contended that the object of the statute was to secure that persons practising in the medical profession should be well qualified persons, under the penalty of not being able to recover their bills, if they were not registered as surgeons and apothecaries. And, further, that the mere registry of one of the partners before the trial was not sufficient; it ought to have been before the action was brought.

The Chief Justice, in giving judgment, said this was an action for medical attendance and medicines supplied, and there could be no doubt that the defendant had had the consideration for the bill, and he now claimed to defeat the action under the 32nd section of the Medical Act, which provided that no medical man should recover for his services unless he proved at the trial that he was registered under the statute. But the plaintiffs had complied with the words of the statute; they were registered at the trial. There was a direct judgment of the Court of Exchequer in Ireland that this was sufficient, and he entirely concurred with that authority. If one of the partners only was registered, he still thought they were entitled to recover. A medical man might employ an assistant or other person not qualified. Here one of the partners was qualified from the beginning as a surgeon and apothecary, and the defendant had the fullest security in employing a firm the head of which was qualified and registered. How could it matter to the patient when a medical man sent his assistant, who was not qualified, whether that person called himself a partner or an assistant; or whether he was entitled to be paid for his services by a salary or by a proportion out of a partnership? So far as the patient was concerned, it seemed to him to be precisely the same thing. Here both partners were thoroughly qualified; but the head of the firm thoroughly well qualified and registered gave the valuable services for which the defendant was taking what he (the learned Judge) might call a stamp objection to prevent his recovering, which he thought not tenable.

The other learned Judges concurred.—Rule discharged.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 24th ult.:—Thomas Blunt, L.R.C.P., Wigston Magna, Liecestershire; Thomas Brewer, Halifax; Thomas Britton, M.D., St. Andrews and L.S.A., Driffield, Yorks; William Donald Dear, Demarara; Fitzherbert Dermott, Australia; Edward Lloyd Harries Fox, Broughton, Hants; Edward Shaw Grattan, Belfast; Adolphus Burnell Great Rex, M.D., St. Andrews and L.S.A., Eccleshall, Staffordshire; Edward Harley, L.R.C.P. and L.S.A., Ludlow, Shropshire; Nathaniel Heckford, Forest Gate, Essex; Joseph Jeffery, Northampton; Thomas King, Monks Risborough Bucks; Michael Drury Lavin, Bushey, Herts; Thomas Lyle, L.R.C.P. Stratton, Cornwall; John Nicholas Miller, L.S.A., Hampstead; John Morton, Holbeach, Lincolnshire; John Brown Oliver, High Wycombe; Peter Kirkpatric Picard, M.D. Edin., Edinburgh; Thomas Pilkington, Enfield, near Accrington, Lancashire; Jas. Atkinson West Spence, L.R.C.P., and L.R.C.S. Edin., Bedale, Yorkshire; George Septimus Thompson, Newcastle.

[In the list published on the 18th ult. of gentlemen who had passed their Primary Examination of the College of Surgeons, for "David Iles" read "Daniel Iles."]

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 23rd ult.:—William Henry Hosking, Guildford street, W.C.; Hugh Richard Duncan Mackintosh, Cheltenham; Septimus Swyer, Brick-lane, Whitechapel; Thomas Carter Wigg, East Dereham, Norfolk.

The following gentleman also on the same day passed his first examination:—Thomas Powdrell, St. Bartholomew's Hospital.

The following gentlemen passed thir examination in the Science and Practice of Medicine, and received certificates to practise, on the 16th ult.:—Charles Beviss, Sydling, Dorset; Stephen Winter Fisher, Cotham Park, Bristol; Charles Augustus Greaves, Wardwick, Derby; Thomas Hepple, Newcastle-on-Tyne; David Lewis, Bronayron Llangatho, Wales; Edward Mahony, Richmond-road, Dalston.

The following gentlemen also on the same day passed their first examination:—Henry Rayner, St. Thomas's Hospital; James Walbridge Snook, St. Bartholomew's Hospital; Joseph Wilkinson Warburton, Royal Infirmary, Liverpool.

PRELIMINARY EXAMINATION IN ARTS.—The following gentlemen passed their preliminary examination in Arts at the Hall on the 24th and 25th ult.:—Edward S. Angove, Camborne, Cornwall; Thomas E. Bowkett, East India road, Poplar; James F. Cadle, Usk, Monmouthshire; Joseph Henry Cattell, Birmingham; James Charlesworth, North Staffordshire Infirmary; Matthew Owen Coleman, Surbiton, Surrey; George A. Coombe, Burnham, Essex; R. Gorton Coombe, Burnham, Essex; James Parkinson, Cunliffe, Gannon, near Burnley; John Glanvile, Wedmore House, Islington; Henry Walter Gortling, Oakley, near Bedford; Thomas B. Hay, Caledonian road; Thomas Lettes, Yarmouth, Norfolk; W. L. Roberts, Grimsby; William Spratt, Tottenham; John Tremearne, St. Ives, Cornwall; C. E. Wing, Bury St. Edmunds; James Bissil Withington, Oldbury.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen passed their first professional examinations during the April sittings of the examiners:—J. Keith Anderson, Arbroath; James Brims, Caithness; John Crerar, Perthshire; James Smith Crichton, Arbroath; Andrew D. Ducat, London; David Gentle. Fossaway; Douglas Glendinning, Langholm; Edward Hoggan India; Alex. A. H. Knight, Berwickshire; John Knox, Tyrone;

Andrew W. M'Andrew, Lusswade; William M'Neil, Wigton; A. G. Miller, Edinburgh; Alex. K. Morson, Newcastle-on-Tyne; John Moffat, Isle of Man; George B. Monat, Stirling; Colin C. Sewell, Quebec, Canada; Robert Skimming, Wigton; John R. Thomson, Slateford; Joseph Wood, Northumberland.

The following gentlemen passed their final examinations, and obtained the diploma of the College:—Christopher J. Allan, Northumberland; John Parkinson Atkinson, Derbyshire; William Chambers, Bainbridge; Thomas Algernon Chapman, Glasgow; James Cleghorn, Caithness; Francis Metcalfe Duncan, Edinburgh; Douglas William Eshelby, Edinburgh University; John Ferguson, Fifeshire; Joseph Fleming, Inch, Co. Donegal; William Fraser, Nova Scotia; Gordon Hammond, Brechin; Mathew Hunter, Eaglesham; William Jobson, Dundee; James Robert Joseph Woodbury M'Almon, New Brunswick; Alexander M'Donald, Dunkeld; George Macdonald, Perth; John Mackie, Brechin; Alexander James Main, Mid-Lothian; Robert Robertson, Mid-Lothian; James Rutherford, Falkirk; William L. Stuart, Glasgow; Thomas Walker, New Brunswick; James Wallis, Aberdeenshire; George Arthur Wellesley Wright, Perthshire; John Young, Fenwick, Ayrshire.

Royal Colleges of Physicians and Surgeons, Edinburgh—Double Qualification.—The following gentlemen passed their first professional examinations during the April sittings of the examiners:—Malcolm Brodie, Argyleshire; John Liddle Crombie, Perthshire; John Fothergill, Westmoreland; Evan Jenkins, Cardiganshire; Donald Macgregor, Perthshire; Stephen Coull Mackenzie, Calcutta; Henry Black Purvis, Kelso; Archibald George Robertson, Edinburgh; Henry Robinson, Derbyshire; William Sinclair, Stirling; John Thomson, Fifeshire.

The following gentlemen passed their final examinations, and were admitted L.R.C.P. Edin. and L.R.C.S. Edin.:—John Connolly, County Cork; Patrick Hogan, Co. Clare; Rich. Locke Johnson, King's County; Richard Philip Lisle, Cardiff, Wales; Alex. James Macgregor, Perthshire; John Stewart, Berwickshire; Denis Turnbull, Co. Durham.

Charing-Cross Hospital.—At a meeting of the Charing-cross Hospital Medical Society, held on Thursday, March 26th, the following gentlemen were elected officers for the ensuing year.—*Honorary President:* Dr. Hyde Salter, F.R.C.P.—*President:* W. B. Shorto, Esq.—*Vice President:* Henry Willson Esq.—*Honorary Secretary:* Mr. O. W. Berry—*Council:* Messrs. T. Langston, C. F. Knight, L. F. Milburn, A. Fennings and W. G. Sutcliffe. Representatives at the Junior Medical Society of London; Vice President, J. Churchill, Esq.; Delegates serving on the Council, W. B. Shorto Esq. and Mr. O. W. Berry.

University of St. Andrews.—April 28th, 1863.—The following gentlemen having passed the necessary examinations, will this day be admitted to the degree of Doctor of Medicine.—Alfred Butler, London; Hugh Cambell, London; Charles Allen Chavasse, Smethwick; James George Davey, Northwood, near Bristol; Peter Hood, London; Christopher Francis Hutchinson, Bridlington; Walter Walker Lennox, Hamilton; Charles Hills Mackintosh, Torquay; John Wadham Robinson, London; George Taylor, Derby; The following gentlemen also passed the necessary examinations, and will receive the Degree next year:—Josiah Sidney Smith, Tiverton; James Walsh, R. N.

Appointments—Lionel Booth, M.D., has been appointed Resident Medical Officer to the York Dispensary.—J. Candler, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Mendham District of the Hoxne Union, Suffolk, vice Mr. R. Aldis, deceased.—J. R. Chamberlain, L.R.C.P. Ed., has been appointed Medical Officer for the Southern District of the Pateley-bridge Union, Yorkshire, vice E. Warburton, M.R.C.S.E.—T. S. Clouston, M.D., Senior Assistant Medical officer at the Royal Asylum, Morningside, Edinburgh has been appointed Resident Physician and Superintendent to the Cumberland and Westmorland Lunatic Asylum, Garlands, near Carlisle, vice W. P. Kirkman, M.D., appointed Medical Officer and Superintendent of the Kent County Lunatic Asylum, Barmingheath.—J. Dale, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Borrowby District of the Northallerton Union, Yorkshire, vice T. Newton, M.R.C.S.E., deceased.—Edwin E. Day, M.B. Lond., has been appointed Assistant-Physician for Diseases of Women and Children to King's College Hospital.—J. Earl, M.R.C.S.E. has been appointed Medical Officer to the Altrincham Union Workhouse, Cheshire, vice E. M. Gleeson, M.R.C.S.E., resigned.—J. Hall M.D., has been appointed Assistant House-surgeon to the General Hospital, Nottingham, vice A. Cornish Tucker, M.R.C.S.E.—C. Fincham Harding, M.D., has been appointed Medical Officer (*pro tem.*) for the Woolwich West District of the Greenwich Union, vice W. Woods Harding, M.R.C.S.E., deceased.—J. Stilwell Hawkins, M.R.C.S.E, has been appointed Medical Officer to the Stepney Union Workhouses at Bromley and Limehouse.—W. Marshall Holmes, M.D., has been appointed Medical Officer for the Hartington District of the Ashbourne Union, Derbyshire, vice J. E. Fosbroke, L.S.A., resigned.—M. O. Larmuth, M.R.C.S.E., has been appointed Medical Officer to the Workhouse of the Salford Union, Lancashire, vice T. F. Brownbill, F.R.C.S.E., deceased.—M. Lee, M.D., has been elected Medical Officer and Public vaccinator for the Horton West District of the Bradford Union, Yorkshire, vice A. Thomas, L.S.A., whose term of office has expired.

APPOINTMENTS FOR THE WEEK.

Wednesday, May 6.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Hunterian Society, 8 p.m.—Mr. Thomas Bryant, "On a Case of Calculus Vesicæ in a Woman, and Extraction by rapid Dilatation, and Recovery, with Remarks;" Oestetrical Society of London, 8 p.m.—Dr. Kidd, "Further Observations on the Use of Anæsthetics in Midwifery; Mr. Cooke, "On a Case of Simultaneous Uterine and Extra-Uterine Pregnancy;" Mr. Marshall and Dr. Graily Hewitt, "On a Case of Tubal Fœtation."

Thursday, May 7.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m.—Vesico-Vaginal Fistula, Ruptured Perineum, Fistula of Rectum; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Chemical Society, 8 p.m.—Dr. Lyon Playfair, "On the Constution of Salts;" Harveian Society, 8 p.m.—Dr. Bamps, "Some Remarks on certain Diseases attended with Impaired and Perverted Motion."

Friday, May 8.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, May 9.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

Monday, May 11.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, May 12.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital. 2 p.m.; Anthropological Society of London, 7½ pm.—Professor Geo. Busk, F.R.S., "On Human Remains from Brick Earth near Chatham;" W. Bollaert Esq. F.A.S.L., "Past and Present Populations of the New World;" Professor J. Marshall, F.R.S., "On a Micrococephalic Human Brain."

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

Mr. W. S. S.—The notice has been inserted.

Mr. John T. Morris.—The notice has been inserted.

Dr. K. T.—The communication is not quite suited to our pages.

Dr. E. Wilkinson, Aspatria.—We have noticed the subject referred to. We shall be happy to promote the object as far as it lies in our power.

Mr. S. J.—We have not yet received the documents.

A Parochial Vaccinator.—It is not likely that the payment for vaccination will be increased by the Board, but it is probable that some extra allowance will be made for signing and transmitting the certificates.

A Student.—We do not know that any one possesses a special aptitude for teaching the subject.

A General Practitioner.—The greatest caution is necessary in performing the operation to which you refer.

Medicus.—The whole subject of the treatment of cases of suspended animation is comprised in a Report lately made by a Committee appointed by the Medico-Chirurgical Society, and published in the last volume of the Medico-Chirurgical Transactions. The committee decline to recommend exclusively any method for restoring life in apnœa generally, but in the treatment of drowning they incline to favour the plan recommended by Mr. Sylvester, in preference to that of Dr. Marshall Hall, and indeed to any other.

Dr. Day, St. Andrews.—The list has been received.

Dr. W. W. is thanked for his good wishes.

Dr. Hermann Weber's manuscript has been received and the Report will be inserted.

Mr. C. Carter Blake.—The card has been forwarded to the Office.

We have received a note dated from Galashiels, but we are unable to decipher the name of the writer.

A Friend of Order.—Perhaps it will content our correspondent to administer the castigation he desires by quoting one passage of his letter, which will at least show the offender that his conduct has been brought under our notice.

"He is well known as an incorrigible professional 'rough,' and his appearance at any medical assembly invariably throws a damper on its proceedings. He ought to have been turned out, as was loudly demanded by a gentleman who sat near him at the dinner table, and witnessed his indecent conduct; the more inexcusable considering the circumstances under which he gained admission."

PARISIAN MEDICAL NEWS.

ECOLE PRATIQUE.

(MR. DIDAY'S LECTURES.)

The Natural History of Syphilis.

Our readers are well acquainted with the high reputation of the eminent Professor of the School of Lyons; Mr. Diday, whose writings and tuition have acquired considerable popularity, recently delivered at the Ecole Pratique, three lectures on syphilis, which attracted a numerous and friendly audience. We will endeavour to condense in an aphoristic shape the copious matter of these remarkable conferences, much regretting that want of space must prevent us from reproducing the brilliant digressions with which the orator illustrated his subject.

"Hitherto," said Mr. Diday, "the natural evolution of syphilis has not been watched. I have endeavoured to study it as it appears, when not interfered with by the exhibition of specifics."

The following are the results of the inquiry:

The primary symptoms of syphilis are chancre and gonorrhœa; but between the different forms of chancre, a distinction must be made. The indurated Hunterian ulcer gives rise to secondaries, whereas the soft chancre, which Mr. Clerc calls *chancroid*, entails no such consequences. The former occurs singly, can be inoculated but once to the same individual, is modified by specific treatment, and occasions painless tumefaction of the lymphatics. Soft chancres may be numerous, are indefinitely inoculable in the same subject, and may even be produced in animals, do not yield to specific remedies, and induce suppurative inflammation of the lymphatic glands.

Hence two doctrines. Some authors admitting the existence of two kinds of virus, whereas the others admit the identity of the poison in all cases, and ascribe the difference of the results to the nature of the soil in which the poison has been deposited.

Syphilis is transmitted by direct contagion, or by hereditary descent. This occult hereditary influence may render some individuals inapt to be inoculated with chancre. . . . We are now compelled to acknowledge that mucous tubercle gives rise by inoculation to indurated chancre.

Syphilis may be mild or aggravated; in the latter instance, its progress cannot be checked, nor relapses averted by the exhibition of mercury.

It is incorrect to state that in all cases syphilis, when not medicinally treated, runs into the tertiary stage. Mild cases often recover spontaneously, without mercury. It must be remembered that syphilis is not a diathesis, but a morbid poisoning of the constitution, and that the toxic agent may with time be eliminated from the system.

The manifestations of constitutional syphilis will vary therefore, according to the violence of the poison, and according to the conditions, more or less favourable to its development, the virus may meet with in the affected subject.

Destitution, grief, privation of sleep, promote the evolution of the disease.

In his second lecture, Mr. Diday inquired into the duration of the incubation of venereal symptoms. This incubation is not the same when syphilis has been transmitted by the contagion of a chancre, or by contact with a secondary symptom, such as mucous tubercle; in the first instance, it averages 14 days, and 29 in the second. We here refer to the interval which elapses between the infecting connection and the appearance of chancre, but the period which intervenes between contamination and the development of secondaries, is on an average 57 days, when the infection is caught from a chancre, and 74 days when it has been propagated by a mucous tubercle.

The professor then expatiated on the characters which point to the future lenity or gravity of syphilitic infection. The above data will assist in coming to a conclusion on this important question of prognosis, because the disease, when transmitted by a secondary symptom, is less intense than when it has been communicated by a chancre.

It may also be predicted that the severity of the affection will be proportionate to the weak or debilitated state of the patients' constitution. Two causes may, therefore, modify the morbid manifestations in the contaminated subject—viz., the gravity of the local symptom in the party by whom the disease was originally communicated, and the state of the soil in which the seed of infection has been cast.

Mr. Bassereau's conscientious researches and statistical returns on this point are deserving of attention. Inquiring into the relation between the nature of the eruptions, and the gravity of the syphilitic disease, he has found erythematous exanthems coinciding 146 times with *chancroid*, and 26 times only with *Hunterian chancre*.

The appearance of secondaries is, 37 times out of 40, ushered in by premonitory signs; headache, erratic pains, irritability of temper, loss of flesh, in general point to a severe attack. This condition is accompanied by a decrease in the amount of the blood-discs, and is not improved by the exhibition of mercury, but yields to the daily administration of 15 or 30 grains of iodide of potassium daily, a remedy which acts as a tonic.

Alopecia is a late fore-runner of secondary manifestations, and its long duration is the infallible sign of a formidable invasion. A very small amount of mercury, appropriate doses of iodide of potassium, and more especially healthy and nutritious diet should be resorted to.

The first secondary eruptions are, therefore, the touchstone of the gravity of the disease, and indicate the mildness or severity of the infection. Uncomplicated roseola justifies a favourable prognosis, and a pustular eruption of the scalp points to a more serious form of syphilis, than a papular efflorescence occupying the same region.

With regard to the prognostic signification of mucous tubercles, and glandular enlargement, Mr. Diday expressed himself dubiously, and further inquiries are necessary.

Alluding to *relapses*, the Professor prefers the denomination of *crops* (poussées). These are extremely frequent. Of 46 patients to whom no mercury was exhibited, three only had one single eruption, the remainder had several successive crops of eruptions. Twenty-six of these 43 cases were mild, and 17 severe; of the former, three only had one crop of cutaneous secondaries; 15 presented two; seven, 3; and one had as many as 4. Among the 17 severe cases, a single eruption was observed in two; two in four subjects; three in three instances; four in seven; and five in one. The interval between the eruptions was not the same in the two series. In the mild cases, a period of 104 days intervened between the first and second morbid manifestations, whereas in the more severe form of disease, the average interval was reduced to 58 days. Between the second and third breaking out 75 days elapsed in the mild, and 24 days only in the more aggravated cases. Hence the number and prompt re-appearance of the eruptions are in proportion to the gravity of the taint.

Mr. Diday devoted his third lecture to the question of treatment.

"Many physicians," said he, "place the most implicit reliance on mercury . . . and yet this drug is not necessary in all cases."

The Professor has notes of eighteen cases of syphilis entirely cured without mercurial treatment. No relapses occurred.

Mercury is open to the objection of causing salivation and dyspepsia, and may even induce the development of insanity, and lead to suicidal tendencies.

Mercury does not prevent the natural evolution of severe syphilitic infection, and is not always successful in curing mucous tubercle.

If a patient will consent to bear with his symptoms for twelve or fifteen months, the disease will wear itself out. The spontaneous cure is the safest, the natural progress of the affection has not been disturbed, and if the poison is gradually eliminated from the system no relapse need be apprehended.

Certain symptoms, however, are promptly amenable to mercury, for instance, *mucous tubercle*, (sometimes), *eruptions*, *loss of voice*, *iritis*, *albuginitis*, *psoriasis of the hand* and the *hereditary taint*.

The patient should always be consulted, and mercury exhibited with his consent only.

The cure chiefly depends on generous diet, wine, repose, country air, healthy exercise, and warmth. Continency, uninterrupted sleep, and perfect mental and bodily repose are also necessary; to these may be added time and patience.

OPHTHALMOLOGY.

(DR. WECKER'S DISPENSARY.)

Warm Water Applications in Ophthalmia.

On visiting the ophthalmic dispensary of the late lamented Charles Duval, snatched by an untimely death from the pursuit of science and the affection of his friends, we found in his successor, Mr. Wecker, a graduate of the Würtzburg and Paris Universities, a talented and able Professor, whose practice is marked by original features, to which, in this periodical, we will endeavour to do justice.

Our attention was, in the first instance, invited to several patients treated by warm water applications, and we shall devote the present article to a reproduction of Mr. Wecker's remarks, in answer to our inquiries on the subject.

Cold water lotions and applications have long enjoyed a high character for efficacy in ocular therapeutics. They will doubtless preserve this well-earned reputation for the treatment of diseases of the conjunctiva, ocular catarrh, puriform and diphtheritic ophthalmia, etc. Refrigerants have always been found beneficial in cases of hypersecretion of the conjunctiva, and puriform discharge; but when this symptom is absent, and when the mucous membrane is involved in a secondary manner, in affections of other parts of the organ of vision, such as inflammation of the cornea, for instance, it must be confessed that, far from checking inflammatory action, cold water not unfrequently becomes an obvious cause of aggravation. Thus, in diseases of that membrane, with a tendency to suppuration, as in puriform and ulcerous keratitis, especially when the progress of the case is unsatisfactory, destruction of tissue is promoted by cold. The function of nutrition should be accelerated as much as possible, and heat is the very best agent for the purpose.

The natives of India use for the cure of certain forms of ophthalmia, lotions with water as warm as can be borne by the patient. Lawrence, Mackenzie, and other British practitioners first introduced this method into Europe, but recommended, however, with much reserve, the application of compresses, impregnated with a warm aromatic infusion.

In Germany, M. de Graefe has loudly proclaimed the benefit derivable from the use of warm water in all torpid affections of the cornea, in which the mucous membrane does not participate in a direct manner. Mr. Wecker claims to have been the first to recommend the frequent application of warm compresses, cold embrocations being exclusively appropriate to conjunctival disease, and to have expressed his conviction that the former would soon enjoy for the cure of affections of the cornea the same high character acquired by the latter for the relief of morbid conditions of the mucous membrane. Since Mr. Wecker's first publications on the subject, additional experience and a careful inquiry into the effects of the method have further confirmed him in his views, and clinical observation enables him now to bring forward the following statement.

Compresses, impregnated with water, at a temperature of 104 to 110 deg., Fah., and applied, according to the requirements of each case, for a period varying between three and twelve hours daily, act in the most beneficial manner in all torpid affections of the cornea in which the conjunctiva participates but in a secondary manner, and when no new purulent secretion is present. Mr. Wecker lays much stress on this last point, and asserts that even in cases attended with marked palpebral tumefaction, and a red and vascular state of the conjunctiva, if no morbid secretion, beyond simple epiphora, is discharged by the mucous membrane, warm applications will gradually reduce the swelling, and improve the state of the cornea, as he has had frequent opportunities of ascertaining at his dispensary. When, on the contrary, the cornal disease is complicated by muco-purulent discharge from the conjunctiva, and when inflammation of the latter has preceded the keratitis, the local use of heat combined with moisture will increase the amount of the morbid secretion, and may aggravate the inflammation. In order, therefore, to divest the method of its perils, it is indispensable to ascertain by careful examination and inquiry, whether any discharge exists, and whether the eye-lids are glued together of a morning, indications being thus afforded of the propriety of resorting or not to warm fomentations.

The diseases in which Mr. Wecker conceives the method to be advantageous are *puriform keratitis* (abscess of the cornea); *ulcerous keratitis*, *traumatic injuries*, and chiefly burns, with a tendency to mortification, and *diffused* or parenchymatous *keratitis*.

In all these affections, heat combined with moisture, arrests the destruction of the cellular elements of the cornea, promotes the formation of new cells, and the reparative process, and therefore considerably shortens the often protracted duration of these diseases, while it induces the formation of transparent tissue and forwards the cure.

Mr. Wecker further remarks that no other therapeutic agent is equally efficacious in allaying the often excruciating pain attendant on affections of the cornea.

It is not to be wondered at therefore, if, notwithstanding the inconvenience inseparable from the application of warm compresses to the eye, children often urgently request a continuance of the method, after having once experienced its benefits. Under the influence of this treatment, Mr. Wecker has noticed the prompt disappearance of most distressing photophobia, which had lasted weeks and even months, as a consequence of ulcerative keratitis. In a very few days, this inconvenient symptom was entirely removed. Facts of this description are now daily observed at the dispensary, and it may even now be predicted that this very simple medication will, when more extensively known, become a popular remedy in certain forms of ophthalmia.

AURAL SURGERY.

(MR. TRIQUET'S DISPENSARY.)

On a Peculiar Form of Otitis and Deafness, induced by the Immoderate Use of Tobacco and Fermented Liquids.

Persons addicted to intemperance, or the immoderate use of tobacco or snuff, are liable to a peculiar kind of otitis, which, according to Mr. Triquet, promptly induces obstinate deafness. This affection of the ear is unaccompanied by puriform discharge, accumulation of mucus in the drum or Eustachian passages, or thickening of the membrana tympani, but is connected with that morbid condition of the system which follows the protracted action of injurious substances, and especially of alcohol and tobacco, whatever be the form in which either may have been indulged in.

The leading pathognomonics of the disease are a sort of torpor of the ear, with a sensation of refrigeration of the organ; no pain exists, the ceruminous secretion is absent, no alteration can be detected in the ossicula or membrana tympani, which is not preternaturally vascular; and the pharynx, nasal fossæ, Eustachian tubes, and middle ear, are drier than in health. Both ears may be simultaneously affected, the hardness of hearing, at first slight, soon becomes inconvenient, and tinnitus exists from the beginning, with a peculiar hissing intonation.

This otitis, induced by the abuse of fermented liquids, snuff, or tobacco, was formerly confounded with *nervous* deafness, resulting from unknown causes. For a long time, Mr. Triquet acknowledges that he fell into the same error, a mistake difficult to avoid, on account of the close resemblance of the anatomical and physiological signs in both instances, and because the discrimination chiefly reposes on a knowledge of the cause (*alcoholism, excessive addiction to the use of tobacco*), and also on certain symptoms of a subjective character, which in many cases prove deceitful. A careful inquiry into the history of the patients will, however, generally lead to a correct

diagnosis at an early stage of the affection, before what Mr. Triquet denominates the paralytic period, has set in.

The progress of the disease may be divided into three periods. The first is marked by local excitment, intolerance of sound, and sharp, sibilant tinnitus. In the second, the irritation is followed by corresponding depression; tinnitus, and singing in the ears have departed, and the patient experiences a sort of craving for acute intonations; and the third is characterised by paralysis of the auditory nerve and destruction of its function.

The symptoms of each stage deserve peculiar attention, and were described by Mr. Triquet as follows:

A person long addicted to habits of intemperance or to the immoderate use of tobacco or snuff, is in general suddenly disturbed at night by a sibilant sound in both ears, analogous to metallic tinkling. This phenomenon decreases in the course of the day, but returns after meals, especially in the evening, and uninterruptedly persists throughout the night. The slighest noise causes pain, and even the suppressed murmur of conversation is distressing, and the patient stops his ears with cotton, or with the tips of his fingers, not only in the street, but at home, in the midst of persons whose voices have long been familiar. This condition may last a few days or weeks, a month or two at most, and is immediately followed by the symptoms of the second stage, that of depression.

The subject congratulates himself at first upon what seems to be an improvement. The tinnitus has much diminished, and may even have entirely ceased. The distress occasioned by noise and sharp sounds is replaced by an opposite condition. The patient now seeks loud conversation, and complains that he is addressed in too low a tone. This deceitful amelioration lasts, however, but a short time, the last period of the disease is at hand, and sometimes suddenly, in the course of a night, the patient, to the surprise of all his friends, becomes stone-deaf.

This third or paralytic stage is the longest and most distressing, and with some few exceptional cases in which, by timely medical interposition, some amendment is effected, the more or less complete abolition of the sense of hearing, which is the leading symptom, obstinately persists with all its evil consequences, cutting off the patient from all social intercourse, and inducing a state of melancholy which occasionally leads to self-destruction.

This kind of deafness is not unfrequently accompanied by debility or perversion of some other organ of special sensation. Thus Mr. Triquet has often met in such cases with congestive amblyopy, with marked vascularity of the retina and optic disc; although vision is not impaired in the same degree as hearing, it has, even in the young, lost a considerable amount of its power. Olfaction is also more or less obtuse, a fact to be accounted for by the numerous communications existing between the nerves of these various organs. In some few instances, a marked diminution of the intellect, and vacillating movements in walking, indicate the propagation of the injurious effects of tobacco and alcohol to the brain and spinal cord.

As we have stated, the otitis which induces the succession of phenomena above described, is to be referred to the immoderate use of tobacco or alcohol. The presence of this cause, and of the symptoms we have enumerated, are sufficient for the purposes of diagnosis; Mr. Triquet, however, attributes pathognomonic value to the purple redness of the fauces, with minute granulations, which impart a shagreened appearance to the mucous membrane. Where this sign coincides with the others, no doubt whatever can subsist that the otitis and deafness are the result of the abuse of tobacco or alcohol.

The prognosis of the third stage is most unfavourable; medicine is of no avail but in the first and second periods of the disease, and incurable deafness supervenes. With every new remedy the deafness seems to increase, especially if the treatment be of a stimulating nature, such as electricity or galvanism. With these desperate *noli me tangere* cases, Mr. Triquet conceives it best not to interfere. Palliatives and the waters of Saint-Sauveur may be prescribed.

It is unnecessary to say, that in all stages of the affection, the first measure to be adopted is the suppression of the injurious habit in which it has originated.

During the first, or congestive stage, cupping behind the ears, leeches to the seat, in persons who have a tendency to piles, will be found advantageous. The regularity of the catamenial function will also require attention.

In the second period, Mr. Triquet has derived much benefit from fumigations with the acetate of ammonia; but he considers the injections of veratrine (described in a former number, Art. 6269), as especially applicable in this variety of otitis.

MEDICAL CORRESPONDENCE.

Diagnosis of Scrofula.—The following case is a further illustration of the remarks which I communicated to your journal on the same subject, on a former occasion (Art. 6151). In the present instance, my patient was a little girl eight years old; she was unable to walk in consequence of severe pain in the foot, which was somewhat swelled, but presented no other outward appearance of disease, no local tenderness being discoverable on palpation. The skin was slightly discoloured by the pressure of the shoe, which had become too tight for the tumefied extremity; no fall or external injury had occurred, and the history of the case revealed no circumstance to which the symptoms might be traced.

The diagnosis being uncertain, I merely prescribed poultices, and endeavoured to discover in the precedent and health of the parents the explanation of the condition of the child. I was informed that the mother, a woman aged thirty, was intensely anemic, and that an uncle had died of pulmonary consumption. The father, although a man of athletic appearance, presented in the neck unmistakable marks of the scrofulous taint. I, therefore, conceived myself justified in assuming the case to be of the same nature, and in resorting to measures of treatment founded on this surmise.

Externally I prescribed frictions with the pomades of iodide of potassium and iodide of mercury.

I exhibited, internally, increasing doses of iodide of potassium, chalybeates, bark, hops, generous diet, wine, and recommended passive exercise in the open air, exposure to the sun, and residence in the country.

This medication was carefully followed, and in the course of a month the swelling disappeared, and the pressure of the boot ceased to produce any redness. By a persevering use of the same remedies, the child was soon enabled to walk without any pain, and no relapse has since taken place.

This case shows the utility of establishing a strict inquiry into the former health of the parents, and thus acquiring information especially valuable in scrofula, inasmuch as it enables the surgeon to institute appropriate measures of treatment in the earlier stages of the affection, previously to the appearance of those obstinate manifestations which leave indelible marks of their existence.

— Moulas.
Douai (Nord).

Efficacy of Sesquichloride of Iron for the Treatment of Ulcers about the Nails.—Dr. Caillet, of Luynes (Indre et Loire), having recently published a case in which the application of sesquichloride of iron effected a cure of the affection popularly termed "*the growth of the nail into the flesh*," I take this opportunity of recording several instances of the same kind, witnessed by myself, which confirm the results obtained by Mr. Caillet, and may perhaps be deemed not wholly uninteresting.

In 1858, Dr. Wahu, staff-physician to the Army, having succeeded with this remedy in curing the painful disease in question, I resorted to the same method, and with the greatest benefit in four cases.

I may here remark that ulcers about the nails are occasionally observed among our soldiers, having escaped the attention of the medical boards, or being caused by the pressure of the boot during forced marches.

Under these circumstances, a *prompt* and *painless* cure may be effected by inserting the *dry* sesquichloride between the nail and the protruding flesh, and powdering the latter with the same substance. A large bandage should be applied over all, not impregnated with the *liquid* sesquichloride of on, as recommended by Dr. Caillet, a precaution which may, however, be useful, as the folds of the band dry rapidly and preserve their situation in a more exact manner.

On the following day, the exuberant flesh is found to have acquired the hardness of wood; suppuration speedily ceases, and a cure follows after two or three applications. This simple and mild treatment is obviously far preferable to the numerous surgical procedures hitherto recommended. In the course of four or five days, in a week at the farthest, the original pain ceases, the swelling subsides, and the patient is able to walk. Naught remains but the hardened protruding flesh, which falls away about a month after the application of the sesquichloride of iron.

These are the results yielded by the method in four soldiers suffering from the growth of the nail into the flesh. They have appeared to me sufficiently remarkable to warrant the communication.

BILLON, M.D.
Surgeon, 19th Regt.

The Medical Circular.

LECTURES
ON DISEASES OF THE EAR.

By JAMES YEARSLEY, ESQ., M.D.

(Continued from page 229.)

The practicability of introducing a catheter into the Eustachian passages appears to have been at the first discredited, still on the Continent the operation through the mouth as described by Guyot continued to be attempted. Louis, in France, after many ineffectual experiments, declared against its possibility; and Sabatier, after making many trials on an anatomical subject, confirmed the statement of Louis, and all hope of gaining any advantage to the practice of medicine by means of the Eustachian tube was on the point of being abandoned, when Desault, with that perseverance and judgment for which he was remarkable, determined to substitute the passage through the nose for that of the mouth; he was successful, and together with Sabatier, he who had formerly opposed it, established in France the truth which had been originally discovered and inculcated in England. It is somewhat curious, that both Bell and Portal should have questioned the practicability of performing the operation of injecting the Eustachian tube by means either of the mouth or nose; thus, the former says:—"In obstruction of the Eustachian tube, it has been proposed to insert a bent and blunted tube into this passage, or even to inject into it, by means of a curved syringe, a little milk and water, or any other bland fluid; but, although those who have a perfect knowledge of the structure of these parts may, after being much exercised in it, execute this operation easily enough on the dead body, there is no room to hope that we can derive any advantage from it in practice, for the irritation produced by the extremity of a stylet, or of a syringe on these parts, even in a state of health, is so considerable, that any attempts to introduce it are very uncertain, and the difficulty must be much augmented when the extremity of the passage is obstructed by any disease."

Portal says in his Summary of Practical Surgery:—"L'on a cru pouvoir injecter la trompe en la sondant par le bouche. Quelque chirurgiens ont cherché le moyen de perfectionner cette découverte, plusieurs ont cru y avoir réussi; mais, malheureusement, les succés n'ont pas répondu à ce qu'ils avaient avancé, et je regarde leur tentative comme inutile. Il n'est pas possible d'injecter la trompe d'Eustache, soit par la bouche, soit par le nez."

Another celebrated surgeon of that period, Tracy, was of the same opinion as Portal, "on account," as he says, of the conformation and the sensibility of the parts."

Leschevin, in his Prize Essay, published in 1763, in reference to catheterism, says, "there is only one method of carrying remedies directly into the cavity of the tympanum—namely, by using injections through the Eustachian tube. Its large opening at the back of the nostrils will admit the introduction of a catheter without much difficulty. I have repeated this operation many times upon dead bodies of different ages. After some attempts, I have found no more difficulty in it than in sounding the nasal duct."

Notwithstanding this declaration of Leschevin, and similar remarks by others, there is no doubt that the general reception of catheterism was very much impeded by the recommendation usually made to learn the operation by performing it on the dead subject. From the loss of elasticity in the parts after death, it is exceedingly difficult to pass the Eustachian catheter correctly in the dead subject. There is, indeed, no comparison between the ease and facility with which the two operations may be performed. Even now the difficulties with which many surgeons invest the subject may be traced to this cause. Of those who begin by the operation on the dead subject, first introducing the catheter, and then laboriously cutting it out to see if it has passed into the tube, the greater number would be deterred from ever attempting it on the living. While, of those who attempt it on the living, either after a correct anatomical knowledge of the parts, or under proper guidance, it is almost impossible that any one should fail.

But thus, though in France the operation established itself, and continued to be practised, particularly in Paris, by all the surgeons of note who attended to aural diseases, yet in our own country this improvement seems to have been quite lost. Wathen looked on it merely as a means of probable relief to those who were deaf from obstruction of the Eustachian tube, but had no idea of using it as a means of diagnosis; indeed, he expresses the opinion that correct diagnosis would be of little utility could it be performed. After Wathen the subject appears to have wholly dropped, and when Sir Astley Cooper performed perforation of the membrana tympani in the same description of cases as those formerly cured by Wathen, he appears to have had no knowledge of the simpler operation of opening the Eustachian tube in cases of obstruction, as I have already stated, in the long interval between the invention of the operation by Cleland and Wathen, and its revival a few years ago by myself and others, Mr. Buchanan seems to be the only English practitioner who had resorted to its use.

In Germany, the same apathy towards this subject prevailed as in England, but in France the operation had taken firm root, and throughout the able writings of Itard it is made the basis of the treatment of diseases of the middle ear, and above all of the correct methods of diagnosis which enabled Itard to overthrow the absurd hypothesis and speculations which had prevailed in aural writings before his time. Such were the theoretical diseases dependent on certain states of the liquor cotunnii and the tension or relaxation of the membrana tympani. The means used by Itard were similar to those of Wathen, only with improved instruments—namely, the injection of water into the tympanum to wash away mucous and other accumulations.

Deleau applied himself with great ability to the diagnosis and treatment of diseases of the middle ear, but instead of the liquid injections of Itard, he used atmospheric air for injection of the tympanum. This has been lauded as a great improvement in acoustic medicine, and it certainly is a most important advance in treatment and diagnosis. The injection of water into the drum though defended and advocated by some recent writers under the idea of its being the older and safer operation, is exceedingly troublesome. We have no means of ascertaining its actual entrance into the tympanum, whereas we can readily hear the murmur of air when passed into the ear. The water also regurgitates, and its passage down the throat is very disagreeable to the patient, besides which, owing to the small calibre of the tube, it requires a far greater force to introduce a liquid as compared with air. But whatever merit may be due to the practice of inflating the Eustachian tube and tympanum with air, the merit is certainly not due entirely to Deleau, but most decidedly to our countryman Cleland, who was the first to propose or perform this modification of catheterism, and who appears to have been well aware of its beneficial operation. Thus, in his paper from the 'Transactions of the Royal Society' already quoted, he says, of his catheters and the syringe connected with them that "warm water may be injected, or they will admit to enter into the Eustachian tube, and to force *air* into the barrel of the ear, and dilate the tube sufficiently for the discharge of the excrementitious matter that may be lodged there." It is to be remarked also that Cleland's catheters were formed of flexible silver, which is found with the improved catheters of the present day to be of such service as adapting the instrument to persons in whom the nasal canal is of different length or curve.

It is necessary to enter upon the accidents that may possibly follow the performance of the operation, especially as ignorant and interested parties are continually magnifying those which exist and inventing others.

I need scarcely insist on the necessity of obtaining the previous history of the patient, and ascertaining whether or not there may be any disease of serious nature. Thus I have had patients desirous of submitting to the operation, who had previously suffered from apoplectic or paralytic attacks, or who were subject to epilepsy or to angina pectoris from disease of the heart. It is well known that in all these diseases sudden death may occur without any other causes than those belonging to the diseases themselves; and this ought to be a forcible reason why an operation like catheterism, which appears formidable, and is likely to excite the patient's mind, especially when chronic disease of a vital organ exists, should not be performed except with the greatest circumspection. Falsehoods respecting the operation have been so dia-

bolically propagated that I have seen delicate persons, though convinced of its propriety and willing to submit to its performance, faint at the bare idea of it or the sight of the catheter. But these facts do not militate in the least against the utility of the operation, for similar ones might be adduced respecting any of the operations of the eye.

The evils which really result from the operation are inconsiderable, and these seldom or ever occur to the experienced practitioner. If the membrane of the nasal cavities of the throat and ear are excessively irritable, the first introduction of the catheter causes an inflammatory action of the mucous membrane exactly similar to the symptoms of common catarrh. Indeed, patients will tell you that they have caught cold. It is very seldom that they refer it to the passage of the instrument, as there is nothing different in symptoms from an ordinary cold, and it should be treated accordingly. They go off in a few days, and if proper care be taken, the nasal passage may be accustomed to the touch of the catheter without any other unpleasant symptoms being produced. When there are evident signs of this irritable state of the mucous membrane, I pass the common elastic nasal probe for a day or two to accustom the passage to the touch of a foreign body before resorting to catheterism.

Another consequence more rarely attendant on the proper performance of the operation is the appearance of emphysema of the head and face from a rupture of the mucous membrane by the point of the catheter, and the entrance of air into the submucous cellular tissue. The possibility of such an accident as emphysema of the face, though not in itself dangerous, is sufficient to impress the necessity for great care in the introduction of the instrument; above all, no force should be used. If the nostril we wish to operate through, be impervious, we must desist, or attempt the other, and it is extremely rare that both are contracted or tortuous to such a degree as to hinder the passage of the small silver catheter. These are the only ill effects that can fellow the operation in experienced hands, and certainly they are not sufficient to counterbalance the great amount of good derivable from it. More serious accidents have undoubtedly happened; but the same might be said of almost every other operation in surgery, even the most simple. Some time ago a fatal case occurred from a trifling operation on the puncta lachrymalis; yet no one thinks on this account to circumscribe the use of operative remedies in eye disease. In those notorious cases of sudden death after the performance of catheterism, which happened some years ago, the conclusion I arrived at was that death was caused partly by the ignorance of the operator and the use of improper instruments, and partly by the fear and mystery with which the operation had been surrounded by those empirics to whom, before its introduction, the practice of aural surgery was almost entirely confined. In those cases the evidence of the medical witnesses were not a little remarkable. One of them gravely gave it as his opinion that death was occasioned by the injection of cold air into the tympanum. If this could happen, death would be frequent from the same cause, for a stream of cold air is continually passing through the nasal passages and the Eustachian tube of the ear, and there are many persons with total loss of the membrane in whom the afflux of cold air is more direct; yet such persons are frequently exposed to violent currents of cold air without injury, and if any ill effects ensue, they are the natural sequelæ of cold, such as inflammation or catarrh.

(To be continued.)

CASES OF SMALL-POX IN THE PRACTICE OF THE ST. PANCRAS AND NORTHERN DISPENSARY.

Under the care of Dr. Semple.

Reported by Mr. A. J. Newman.

Case 1.—Alice Lathan, æt. five years, never vaccinated, came under treatment on March 26th, 1863. Had a rather severe attack, but made a good recovery in about ten days. Had two brothers in the house not vaccinated, but immediately ordered that operation to be performed, and it was done two days afterwards. One brother, æt. nine years, escaped contagion, but the other,

Case 2.—Fred. Lathan, æt. eleven years, had rigors and preliminary fever six days after vaccination, and on the day of the maturation of the vaccine vesicle, the small-pox pustules made their appearance. He had a very mild attack, with very few pustules, and soon was convalescent.

Case 3.—George Porten, æt. twenty, vaccinated when a baby, applied on April 14th. Had a very mild attack, and made a good recovery.

Case 4.—Anne Lamb, æt. four, vaccinated when 3 months old, good cicatrices still visible; a severe and confluent attack, with great febrile irritation. Is now convalescent, but has opacity of one cornea, not severe, from effusion of pus between the layers of the cornea (Onyx), but this is now absorbed. Sight good; deep pitting of face. Applied April 16th.

Case 5.—Richard Morley, æt. eight, vaccinated six years ago, severe and confluent. Is now quite convalescent. Applied April 15.

Case 6.—Robert Lamb, æt. nineteen, vaccinated when a child. I only saw him when the disease was in its first stage. He was immediately sent to the Small-pox Hospital. Applied April 17th.

Case 7.—Elizabeth Mailland, æt. eighteen, vaccinated when a child, applied April 17th. Very modified attack. Now convalescent.

Case 8.—Alfred Bird, æt. one, never vaccinated, applied April 22. Rather severe attack. In some places confluent. Is not yet convalescent. Another child in the family, not vaccinated, had that operation immediately performed, but an elder sister,

Case 9.—Ellen Bird, æt. nine, vaccinated when young, is suffering under a very slight attack. Eruption appeared about ten days after its appearance in the infant.

Case 10.—Elizabeth Grainger, æt. fourteen, vaccinated when a baby; a weakly child, and during the present epidemic has expressed great fear of having small-pox; is now convalescent; a very slight attack, decidedly the mildest I have ever seen. Applied first on May 2nd.

Case 11.—Henry Holland, æt. fifteen, vaccinated when an infant First applied on May 7th. The pustules then could only be felt, as hardened tubercular masses under the cuticle, but they are now gradually developing themselves.

Observations.—In the case No. 2 the beneficial effect of vaccination is very remarkably seen, even after the small-pox poison has entered the system. It will be observed that on the 6th day after vaccination, there were rigors and preliminary fever, and on the day of the maturation of the vaccine vesicle, the small pox pustules made their appearance, but in a very much modified form, and the attack was very mild. In case No. 8 a child, unvaccinated, was attacked with severe small-pox; another child in the same family was immediately vaccinated and escaped, but another child, vaccinated when very young, took the disease in a very mild form. The most inexplicable case is that of No. 4, in which the child was four years old, had been vaccinated when three months old, but still suffered from a severe and confluent attack of small-pox.

Dr. Semple has lately vaccinated all his own children, six in number, and although the results are in accordance with those often observed before, they are worthy of record at the present period when an epidemic of variola is present among us. The whole of the children had been vaccinated successfully in infancy, and bore well-marked cicatrices on their arms. Nevertheless, the vaccination took immediate effect in all cases; in two of the younger children causing considerable constitutional as well as local irritation, but in the elder children causing only local irritation. The vesicles ran a rather rapid course, attended with considerable inflammation, until the third day, when they seemed to reach their height, and then began to decline. These facts appear to prove that if the children had been exposed to the contagion of small-pox they would, in all probability, have taken the disease, but in a modified form. Just as the vaccine vesicles caused constitutional and local irritation in a small degree, so would the variolous poison have produced the irritation in a severe degree, but the small-pox pustules would have been arrested in their career some days before their usual arrival at maturity. The necessity of general re-vaccination at the present time appears, therefore, to be almost as great as that of vaccinating the unvaccinated. Vaccination may take effect twice, just as small-pox may occur twice, but as it is a pretty well-established fact that variola and vaccinia are only modifications or varieties of one type of disease, it is not very probable that persons would take the infection three or four times in the course of their lives, although their taking either disease *twice* is quite within the range of probability, and is consistent with experience.

Quinine in the Indian Army.—Dr. Macpherson, of Calcutta, informs us that since quinine has been extensively used among the troops in India, there has been a steady diminution of mortality; and whereas in 1830 the average percentage of deaths to cases of fever treated was 3·66, in 1856 it was only 1 per cent. in a body of 18,000 men scattered from Peshawur to Pegu.

Death of Mr. Henry Charles Johnson.—We regret to announce the death of this much respected gentleman who was one of the Surgeons to the St. George's Hospital. He was in the prime of life, being only fifty-four years of age, but he had laboured for some months under an organic disease of the kidneys, which had confined him to bed, and caused the utmost anxiety to his friends, so that the result was not unexpected. Mr. Johnson had an extensive and lucrative practice, and his loss will be deplored by a large circle both of the medical profession and of the public. He was a good character and an excellent surgeon, but he did not contribute much to the literature of his art, and did not appear often among his brethren at the Medical Societies. He is, however, affectionately remembered by many of his pupils who attended his anatomical demonstrations, and his practice at the Hospital.

THE MEDICAL CIRCULAR.

WEDNESDAY, MAY 13, 1863.

THE CONTINUED PREVALENCE OF SMALL-POX.

Small-pox still continues its career, and in the week before last sixty-eight cases of death were recorded from this disease, being an increase over the number of any previous week. The Medical Press, and it must be added, the general press likewise, have been urgent in their exhortations to the authorities to take immediate steps towards preventing the spread of the malady, but hitherto, we believe that their efforts have met with only partial success. The Government also have made some efforts in the same direction, and have addressed circular letters to the Boards of Guardians in the different Unions, recommending the immediate adoption of sanitary measures, and pointing out especially the necessity of isolating existing cases of Small-pox.

It will be remembered that the prevalence of Small-pox in the Metropolis is not now a sudden and unforeseen calamity. We have already pointed out that this unwelcome visitor has been long among us, and that the Small-pox Hospital has been full for the last six months. The parishes have been urgently advised to separate the cases by placing them in separate and distant localities as far as possible, and the following narrative will show how some of the great parishes are adopting the advice offered to them :—

SMALL-POX IN MARYLEBONE.—Yesterday week a lodging-house keeper, named Onslow, of 61, Marylebone-road, attended before Mr. Yardley to lodge a complaint against the workhouse authorities of St. Marylebone, for refusing to admit his servant, Anne Calvert, who was suffering from small-pox, into their infirmary. On the magistrate remonstrating with the overseer, the latter replied that he was sorry to say it was not the only case, for just as he came to the court-room another person requested an order from him to admit his son, who was also suffering from small-pox. The hospitals were all full, and they did not know what to do. In company with the committee, appointed by the guardians, he went to Highgate, Hampstead, Hornsey, and other suburban places, in order to see if they could not get some empty house or houses in which to place patients suffering from the disease, but as soon as they mentioned the nature of their business to the agents or landlords, they at once refused to let their premises. The number of cases was fearfully on the increase in the parish, and unless the patients were isolated, the spread of the disease might be dreadful. Some steps he thought ought to be taken in the matter by the Government. That morning it was brought under their notice that ten persons were suffering from the disease in one room. That day, in company with their committee, he was in the Small-pox Hospital when a deputation from Clapham came and begged that admission might be given to some of their parishioners. This could not be granted them, as the place was full. It was not a matter of money. They had just paid 3*l.* 15s. for a room for one week. The only place they were likely to get in their own locality, was near the vestry of the church at St. John's-wood. Near it, on one side of the path, was the clergyman's residence, and on the other that of the beadle and bell-ringer. The latter was thought a proper place by Sir James Hamilton, but it was objected to on the ground that it would drive the people from the church. Accordingly no place whatever had been found. They had advertised for houses, but without the least success either in town or suburbs. They had now sent round to the other parishes in London to know if they would join them in erecting an iron Hospital in some of the outskirts. Their Small-pox Hospital only received four patients.

In a local Report by Dr. R. D. Thomson, the Medical Officer of Health for Marylebone, that eminent chemist and sanitarian states that the Guardians *are now looking out for a temporary Hospital;* that is to say, that they are beginning *to think* about doing what ought to have been done a month ago. The report of the police case which we have just quoted tells us that the rich and populous parish of Marylebone are sending round to the other parishes in London to know if they will join in erecting an iron hospital in some of the outskirts. Why does not Marylebone erect an hospital of its own?

In the enormous parish of St. Pancras, the disease is also prevailing to a great extent. Several fatal cases are occurring every week, and these form, of course, only a small proportion of the number of persons attacked. We shall, perhaps, scarcely be believed when we state the manner in which the authorities of this parish have followed the advice offered to them by the Government. They have received the Small-pox patients into the parish workhouse! We believe that the cases are isolated as much as possible, and we have no doubt that the Medical Officers of the establishment do all in their power to prevent contagion, but it is perfectly horrible to contemplate the danger of introducing such a disease as Small-pox into a large establishment containing a great number of sick people and lying-in women, two of the latter of whom, we are informed in the published Reports, have taken the disease or have brought it into the building.

In the meantime we are happy to state that the practice of vaccination is now being extensively pursued throughout the Metropolis, and even in cases where persons have received the variolous poison into their system, the operation of vaccination has most beneficially modified the impending eruption which has appeared in a mitigated and comparatively innocuous form.

A Mr. John Marshall has written a letter to the Board of Directors of the parish of St. Pancras, recommending a great increase in the number of vaccinators, but we hope that this very foolish and mischievous proposition will not be entertained. There are already sixteen vaccinators appointed, and although the parish is very large, this number is quite sufficient, if they do their duty—as we believe they do. Such a number is enabled, by ordinary diligence, to keep up a supply of lymph regularly from week to week, while any increase of the staff would only tend to diminish the chances of efficient vaccination or of procuring good lymph, by scattering the cases over too wide an area, and diffusing the duties among too many persons.

THE SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY.

An important epoch is about to take place in the history of this Society, for its Seventy-fifth Anniversary Dinner is appointed to take place this day week, May 20, at the Albion Tavern in Aldersgate street.

The fact that this Society has lived for so long a period may be assumed as a sufficient proof of its prosperity, and it is indeed in a flourishing condition, for its expenses are, and always have been, extremely small; while the amount of benefit which it confers upon the descendants of our deceased brethren is extensive, although unostentatious. We write with a full knowledge of the subject, when we state that the whole of the funds are devoted to the relief of the objects for whom the Society was intended; that no selfish motives have ever actuated the promoters of the benevolent work; that the superintendence of its operations is undertaken by gentlemen of the highest rank in the Profession, and of the most spotless integrity; and that the only cost involved is the hire of a small room, and the most moderate and economical payment of one or two officials. No money has ever been spent upon bricks and mortar, and the Society is encumbered by no debts, and an idea may be formed of the extent of its useful operations, when we state that relief was granted last year to the amount of 2,023*l.* 10s. Part of this money is given in pensions to widows of deceased members, part to

their orphan children while in infancy, and a part is also expended in the relief of the urgent wants of those who are suddenly left destitute.

When we reflect that these benefits are conferred in return for the trifling subscription from each individual member of 2*l.* 2s. per annum, our wonder is that all of the Profession who are eligible (and its sphere includes all registered members of the Profession residing in the county of Middlesex), do not hasten to join it. To expatiate on the uncertainty of human life is an oft-told tale, and we have no intention to write a homily on such a subject, but the daily records of mankind are constantly exhibiting to us the melancholy picture of families once in affluence and prosperity, suddenly plunged into poverty by the loss of a father, and, as men of the world, it is incumbent on us to guard against such a contingency in the case of those who are near and dear to ourselves. The annual allowance to widows represents the interest of about 1,000*l.*, and that to orphans to the interest of 1,000*l.* or 2,000*l.* more, according to the number of the family, and how many among us are able, especially at the outset of life to put by such sums from our hard-earned professional incomes, or if we insure our lives for those amounts, can we expect to do so for the small premium of two guineas per annum?

It is, therefore, with no vain desire to augment the funds of the Society that we make the present appeal to the Profession; we do so on mere personal grounds, because it is for the benefit of every one to join it as a member. Whatever sums are subscribed will enable the directors to extend the sphere of their beneficent operations, and who of us can say that his own descendants may not be future participators in the advantages which are offered?

We hope that a numerous attendance will mark the Seventy-fifth Anniversary Festival, and we may state that applications to become members should be addressed to the Secretary, Dr. Merriman, 53 Berners street, W.

SUMMARY OF THE WEEK.

DISCUSSION UPON THE CHESTER TRIAL AT EDINBURGH.

At a recent meeting of the Edinburgh Medico-Chirurgical Society, Professor Simpson asked permission to give some particulars of the case of Bromwich *v.* Waters, and he thought the occasion the more opportune because Dr. Ramsbotham, of London, was then present at the meeting. Dr. Simpson then proceeded to vindicate the character of Dr. Waters against the infamous charge which had been brought against him, and at the same time the Professor criticised most severely the Medical witnesses for the prosecution, Drs. Lee, Ramsbotham, A. Taylor, and Gully. Dr. Ramsbotham afterwards addressed the meeting, exculpating himself from the part he took on the side of the prosecution, but his remarks seemed to make no very favourable impression upon his Edinburgh hearers. The evidence of Dr. Gully, of Malvern, has hitherto been comparatively little read, and we cannot forbear from presenting it to our readers, together with the remarks made upon it by Dr. Simpson:—

"JOHN MANBY GULLY—In May, 1862, I was called to see Mary Whalley. From what she told me I treated her for tumour of the womb. About 26th June, 1862, I went at the desire of her mistress (Miss Bromwich), to see Mary Whalley. On that occasion I examined the mouth and neck of her womb and the vagina. She gave me every facility for the examination. It was all done at her request. My attention was called to the state of her breasts. Upon pressure the breasts gave out a milky fluid. She called my attention to that also. My attention was also called to a swelling of the belly. I placed my hand upon the belly and kept it there for twenty minutes or more in order to detect any movement, but I found none. I did not discover anything the matter with her liver either at that time or previously, although I examined her with the object of ascertaining that also. I did not discover any trace of ulceration of the womb. I found the mouth of the womb much more open than is usual in pregnancy. It was also swollen and rough on the surface. The neck of the womb was also swollen. These parts presented the appearances of having been operated upon by instruments. I made the examination in consequence of a statement made by Miss Bromwich and by Whalley also, and I looked for signs of pregnancy. I came to the conclusion that she was not pregnant, partly from my own examination, and partly from her statement of the previous Medical treatment. I came to the conclusion that she was suffering from tumour of the womb. I treated for tumour till 26th July. Her liver was perfectly healthy as far as I could discover. The effect of my treatment on pregnancy would be to accelerate the birth of a child. The circumstances of the case induced me to examine the parts, and they presented the appearance of those of a woman with small sexual desire. Cross-examined—I first saw her (Whalley) some time in May. Between that and the 26th July I must have seen her from fifteen to eighteen times. Early in May I examined her belly. I then treated her for tumour of the womb. I made altogether three or four examinations of the belly before the 26th day of June. Her monthly courses had stopped, she told me, from the previous November. My examination on 26th June lasted half an hour quite. Openness of the mouth of the womb is a sign sometimes of excessive sexual connexion. By excessive I mean a woman having connexion with a man once or twice every night, nothing less. Three times a week would not produce such. The instruments I refer to in my examination in chief are those used in a certain new practice which has sprung up within the last ten or fifteen years of treating affections of the womb locally with instruments, such as speculums, dilators, &c., which are introduced for the purpose of making a visual examination of the mouth of the womb. From my experience of other cases where instruments had been used, I inferred that in this case instruments had been used. I saw her two or three times between the 26th of June and the birth of her child. I still treated her for tumour, and still considered she was not pregnant. The things from which I inferred she was not pregnant, but had a tumour, were her statement that Dr. Waters had, fifteen months before, said she had a tumour of the womb, and my own examination not discovering any movement in the mass, and that Dr. Waters, whom I considered a skilful and able man, had treated the womb as a diseased organ. I administered to her homœopathic medicine for her sickness (vomiting). The sickness proceeded from sympathy with the womb. The appearances from which I inferred that she was a woman of small sexual desire were, that the passage of the womb was narrow, the external parts contracted, whilst in a lascivious woman they would be large and open. The clitoris was very small, and there was apparently no sign of amativeness in the head, which I examined as a phrenologist. Re-examined—In this particular case I did not consider that the openness of the mouth of the womb could be attributed to excessive sexual intercourse, because the mouth of the womb was rough as well as open. I think the clitoris would not have been so small had she been guilty of sexual intercourse. In my opinion, as a Medical man, the use of instruments at all to any unmarried woman under thirty or thirty-five years of age is highly injurious."

The following are the observations of Dr. Simpson on this evidence:—

"It is difficult to comment upon evidence such as that of Dr. Gully's, for perhaps in the annals of medicine and Medical jurisprudence it is unequalled in its character. It is an extraordinary compound of ludicrous professional pretension, and equally ludicrous professional ignorance. Would any old petticoated nurse in this country have committed such an unpardonable blunder as not to recognise pregnancy in so well marked a case as the above? This hapless woman was submitted by Dr. Lee to an examination extending over two hours. Dr. Gully stated that on one occasion he examined her 'for half an hour quite,' and placed his 'hand upon the belly and kept it there for twenty minutes or more!' Besides making a ludicrous diagnosis of her non-amative propensities phrenologically, Dr. Gully owns to having treated her hydropathically and homœopathically. It is only a pity for his own sake that he had not recourse to other such means as mesmerism and spirit-rapping, to escape the droll errors of diagnosis and so-called treatment into which he fell."

HOSPITAL CHANGES.

A vacancy having occurred in the Surgical Staff of St. George's Hospital by the death of Mr. H. C. Johnson, Mr. Henry Lee will succeed him as full Surgeon. There were several candidates announced for the vacancy thus created in the office of Assistant-Surgeon, but we understand that Mr

Bernard Brodhurst has received so many promises of support, both from the Governors and the Medical Staff, that his election is pretty certain. At the Westminster Hospital a vacancy for an Assistant-Physician has occurred, in consequence of the appointment of Dr. Latham to the Physicianship of Addenbrooke's Hospital, Cambridge, and we understand that Dr. G. D. Gibb has a very good chance of being elected to the vacant appointment. Dr. Gibb's attainments as a practical physician are well-known.

RESPONSIBILITY OF DENTISTS IN ADMINISTERING CHLOROFORM.

A case has lately been tried in Philadelphia involving the question of the responsibility of dentists in administering chloroform. A person sustained a severe accident, resulting in injuries which rendered it necessary to extract some of his teeth. The operation was accordingly performed under chloroform, and it was necessary to administer it in large quantities, and for three-quarters of an hour, owing to the difficulty of extracting the teeth. The patient, some days afterwards became worse, and was finally paralyzed, but he eventually recovered sufficiently to be able to resume his employment in a partial manner. He now brought an action against the dentist (who was also a Medical practitioner) for injuries sustained by the use of chloroform. Some Medical witness for the prosecution declared that paralysis was a constant result of the administration of chloroform, but for the defence it was alleged that chloroform has hardly ever been known to cause paralysis, and that its administration in the case in question, was perfectly justifiable. The Judge summoned up in favour of the defendant, and a verdict was returned for him; but the case shows that in the new world our brethren are as much subjected to unjust actions at law as we are in the mother country, and what is worse, that Medical men will sometimes enter the witness-box to strengthen a case against one of their own Profession.

MR. PROPERT AND MR. ADAMS.

The subjoined documents reached us last week after our Number was in the press. We rejoice to announce the termination of the unhappy misunderstanding between Mr. Propert and Mr. Adams. We understand that the former gentleman has sent a contribution of 10*l.* 10s. towards Mr. Adam's expenses, and we publish below a list of Mr. Adams's Committee, completed up to the time of our going to press.

We, the undersigned, having been delegated with full and unrestricted authority to arbitrate in the matter in dispute between Mr. John Propert and Mr. William Adams, arising out of the late trial of *Russell v. Adams*, are of opinion that the subjoined document signed by Mr. John Propert should be considered as a satisfactory and an honourable settlement of the question at issue between these gentlemen.

FORBES WINSLOW, 23 Cavendish square.
London, May 5, 1863. FRANCIS HIRD, 17 Clifford street.

I am willing to admit that I ought to have complied with the request conveyed to me in Mr. Macrell's letter, dated December 30, 1861, and have conferred with that gentleman as Mr. Adams' legal adviser in relation to the charge of breach of promise brought by Miss Russell against Mr. Adams, previously to my forming any opinion of my own, respecting its truth; I now recognise if I had done so, much annoyance to both Mr. Adams and myself would have been obviated.

I also regret that anything done by me should have led others to suppose that I advised or originated the legal proceedings taken by Miss Russell against Mr. Adams. I was, no doubt, misled by certain *ex-parte* statements, but was influenced by no personal feelings of animosity to Mr. Adams, but solely by a desire to protect the daughter of a deceased member of the medical profession alleged to have been cruelly treated.

Whilst solemnly declaring that the motive governing me in these painful proceedings was strictly benevolent in its character, I nevertheless freely allow, that having been deceived by erroneous information, I unwittingly exposed myself to the imputation of acting imprudently towards Mr. Adams, whom I now conscientiously believe to be innocent of the infamous charge which Miss Russell attempted to establish against him in a court of law.

JOHN PROPERT.

6 New Cavendish street, May 5, 1863.

THE ADAMS DEFENCE FUND.

Allan, J. B., M.D., Hyde park place west.
Anderson. A. D., M.D., Glasgow.
Babington, B. G., M.D.. F.R.S., George street, Hanover square.
Brady, John, M .D., M.P., Warwick terrace, Belgravia.
Bader, C., Esq., Guy's Hospital.
Baker, Alfred, Esq., Birmingham.
Barker T. Herbert, Esq., Bedford.
Beal, Lionel, M.B., F.R.S., Grosvenor street.
Bennett, J. Risdon, M.D., Finsbury square.
Bird, P. H., Esq., Norfolk square.
Blenkinsop, Henry, Esq., Warwick.
Bottomley, George, Esq., Croydon.
Brendon, Peter, Esq., Inverness terrace.
Brooke, Chas., Esq., M.A., F.R.S., Fitzroy square.
Brown, Alfred, Esq., Wandsworth.
Burrows, George, M.D., F.R.S. Cavendish square.
Burrows, Cordy, Esq., Brighton.
Burton, J. Moulden, Esq., Lee park, Lee.
Bury, George, Esq., Whetstone.
Butler, Fred. J., Esq., Winchester.
Bowman Wm., Esq., F.R.S., Clifford street.
Bulley, Francis A., Esq., Reading.
Cannau, H. H., Esq., Norwood.
Cape, Lawson, M.D., Curzon street, May fair.
Ceeley, Robert, Esq., Aylesbury.
Chavasse, Pye H., Esq., Birmingham.
Clarke, James F., Esq., Gerrard st. Soho.
Clark, F. Le Gaos., Esq., Lee, Kent.
Cockle, John, M.D., Brook street, Hanover square.
Coleman, E., Esq., Park square east, Regent's park.
Coote, Holmes, Esq., Queen Anne street, Cavendish square.
Coulson, Wm., Esq., Old Jewry.
Covey, W. H., Esq., Wilton street Belgravia.
Chritchett, G. Esq., Finsbury sq.
Crookes, J. F., Esq., Faversham.
Dangerfield, J., Esq., Hampstead.
De Mussy, Guineau, M.D., Cavendish place.
Dick, Henry, M.D., Wimpole st.
Druitt, Robert, M.D., Hertford st. May fair.
Dumville, A. W., Esq., Manchester.
Easson, J U., Esq., Princes's street, Cavendish square.
Erichsen, J. E., Esq., Cavendish place.
Fergusson, W., Esq., F.R.S., George st., Hanover Square.
Fisher, A.L., M.D., York place, Portman square.
Flint, Richard, Esq., Stockport.
Garlick, J. Prince, Esq., Leeds.
Gay, J. Esq., Finsbury place south.
Gill, S. L., M.D., Bow road.
Green, Thomas Esq., Bristol.
Green, Joseph Henry, Esq., D.C.L., &c., Hadley.
Gull, W. W., M.D., Brook street.
Hillman, W. A. Esq., Argyll street.
Harris, J. Penn, Esq., Liverpool.
Hart Earnest, Esq., Wimpole st. Cavendish square.
Harvey, William, Esq., Soho sq.
Hatton, John, Esq., Belvedere, North Kent.
Hey, William, Esq., Leeds.
Hicks, F. E., Esq., Henrietta st. Cavendish square.
Hogg, Jabez, Esq., Bedford square.
Holt Bernard, Esq., Savil row.
Hutchinson, W. B., Esq., Guilford street, Russell sq.
Jackson, T. C., Esq., Weymouth street.
Johnson, G. C., Esq., Eaton place south.
Joy, Henry W., Esq., Maidstone.
Kays, M. M.D., Inverness terrace.
Kesteven, W. B., Esq., Upper Holloway.
King, Osmer, Esq. Greenwich.
Lankester, E , M.D., Savile row.
Latter, Henry, Esq., Royal terrace Adelphi.
Lawson, G., Esq., Park street, Grosvenor square.
Leaf, W. L., Esq. Clapham park.
Little W. J., M.D., Brook street, Grosvenor square.
Lobb, William, M.D., Aldersgate street.
Lobb, Harry, Esq., Brook street.
Lund, Edward, Esq., Manchester.
Mansford, J. S., Esq., 1 Clifton gardens, Maida hill.
May, George, Esq., Reading.
Meade, R. Henry, Esq., Bradford.
Moger, R. G., Esq., Highgate.
Nunnerly, Thomas, Esq., Leeds.
Obré, Henry, Esq., Melcombe place, Dorset square.
Ottaway, J. C., Esq., Dover.
Paget, Thomas, Esq., Leicester.
Paget, James, Esq., F.R.S., Harewood pl., Hanover sq.
Peacock, T. B., M.D., Finsbury circus.
Quain, Richard, M.D., Harley st., Cavendish sq.
Radcliffe, C. B., M.D., Henrietta street, Cavendish square.
Richardson, B. W., M.A., M.D., Hinde street, Manchester sq.
Rees, G. O., M.D., F.R.S., Albemarle street.
Russell, James, M.D., Birmingham.
Ryan, W. B., M.D., Norfolk terrace, Bayswater.
Semple, R. H., M.D., Torrington square.
Séquard, Brown, M.D., F.R.S., Cavendish square.
Shillitoe, B., Esq., Finsbury circus.
Shute, Gay., Esq., Greenwich.
Smith, Samuel, Esq., Leeds.
Smith, Heckstall, Esq., Cliftonville, Brighton.
Soden, John, Esq., Bath.
Stevens, J. N., Esq., Plymouth.
Symonds, Frederick, Esq., Oxford.
Tanner, T. H., M.D., Henrietta street, Cavendish sq.
Tatum, Thomas, Esq., George st., Hanover square.
Teale, T. Pridgen, Esq., Leeds.
Teale, T. Pridgen, Esq., Jun., Leeds.
Thompson, E. S., M. D., Upper George street, Portman square.
Thompson, Henry, Esq., Wimpole street, Cavendish square.
Tomes, John Esq., F.R.S., Cavendish-square.
Townley, James, Esq., Kennington.
Traer, James R., Esq., Hans place Sloane street.
Trend, Henry G., Esq., Balls Pond road, Islington.
Turner, Thomas, Esq., Manchester.
Walton, H. H. Esq., Brook street, Hanover square.
Webster, George, Esq., Upper Gloucester place.
Wells, Spencer, Esq., Upper Grosvenor street.
Westall, Edward Esq., Caterham.
Wiblin, Jno., M.D., Southampton.
Wilson, Erasmus, Esq., Henrietta street, Cavendish square.
Winslow, F. M.D., Cavendish sq.
Wright, E. J., Esq., Clapham road.
Yearsley, Jas., Esq., Savile row.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

The lectures of Professor HUXLEY have been suspended for a time' and the present number opens with an "Introductory Lecture," delivered by Mr. THOMAS LONGMORE, Professor of Military Surgery at the Royal Victoria Hospital, Netley, on the occasion of the opening of the sixth session of the Army Medical School. The lecturer gives a brief account of the cogent reasons which have induced the Government to remove the site of the Hospital from Chatham to Netley, and of the progress already made in the education of military medical officers at the new medical school. The lecturer pays a tribute of respect to the memory of Mr. Hope and Dr. Schmitz (the latter a son of the eminent Rector of the High School of Edinburgh), both of whom were students of the Military Hospital, but have since fallen victims to disease in India. Mr W. S. SAVORY relates some experiments on the "Relative Rate of Absorption from the Stomach and Rectum," and he arrives at the conclusion that strychnia passes more freely into the system through the rectum than through the stomach. The experiments were made upon rabbits, guinea-pigs, rats, and cats, and it is a curious circumstance that guinea-pigs offer comparatively greater resistance than other animals to the effects of strychnia. Dr. S. O. HABERSHON makes some remarks on "Idiopathic Anæmia," giving in illustration a fatal case of this disease, in which no important morbid change could be detected on post-mortem examination, except fatty degeneration of the heart. The only symptoms during life, besides those of weakness and paleness, indicated gastric irritation and an interference with digestion, and the result was probably due to deficient nervous energy in the stomach. Mr. P. MARTYN, a surgeon in the Royal Navy, makes some practical remarks on small-pox, which he has seen in various countries where vaccination is not practised. He confirms the opinions generally entertained, as to the invaluable prophylactic powers of efficient and general vaccination. Dr. G. D. GIBB gives a brief description of a "Laryngeal Ecraseur for the Removal of Small Tumours from the Interior of the Larynx."

THE 'MEDICAL TIMES AND GAZETTE.'

Professor HUXLEY continues his lectures on "Classification," and he combines together the mammalia, aves, and reptilia, as forming a natural group or province of abranchiate vertebrata, as contradistinguished from pisces and amphibia, which both possess branchiæ, and are able to breathe air dissolved in water. So, likewise, the insecta, myriapoda, arachnida, and crustacea, form a very natural assemblage, which may be termed annulosa, and the echinodermata and scolecida may be placed together in an analogous group termed annuloida. Dr. T. M'CALL ANDERSON contributes a lecture on "Eczema," under which term he includes impetigo, lichen, and prurigo. The present lecture is on the classification of skin diseases, and Dr. Anderson exposes the difficulties into which dermatologists have been led in their attempts to arrange these affections into definite genera and species. He regards many of the skin diseases as mere modifications of a few elementary types. Dr. GEORGE ROBINSON gives a paper on the "Study of the Circulation of the Blood," read before the physiological section, of the British Association for the Advancement of Science last year. In this paper Dr. Robinson suggests the propriety of having a sub-committee appointed to investigate the physics of the circulation, and thus to render more intelligible the connection existing in the living body between the motion of the blood and the performance of the secondary functions of life. Dr. RAMSBOTHAM relates the particulars of some cases in "Clinical Midwifery" three being instances of ruptured uterus, three of burst perinæum, and one of laceration of the left labium in labour. Dr. A. A. MANTELL gives a case of "Abscess of the Spleen, Discharged into the Left Lung." In this case the nature of the disease was not known during life, in consequence of the obscurity of the symptoms. Dr. FRANCIS ANSTIE continues his "Report on the Physiological Action of Podophyllin," the experiments being performed on cats and rats." The results seemed to be that podophyllin, when passing into the blood, does not act directly on the liver of these animals, but that it produces catharsis by specific irritation of the mucous membrane of the intestine.

'BRITISH MEDICAL JOURNAL.'

Dr. GEORGE BUDD makes some remarks on the "Present Prevalence of Small-pox," and he observes that the protection afforded by one attack of the disease, or by vaccination, may be considered as perfect for about seven years; but in the vast majority of persons, if the disease is taken in the natural way, the protection is practically perfect for life. The protection given by cow-pox against small-pox is much less complete than that given by small-pox itself, and the proportion of cases in which small-pox occurs after vaccination, however perfectly developed the vaccine vesicle may have been, is very much greater than that in which small-pox occurs twice. After the lapse of seven years, cases of small-pox begin to appear among the vaccinated, or if the same persons be then vaccinated a second time, the operation takes effect in a certain number of cases. The conclusion at which Dr. Budd arrives is, that vaccination ought to be performed on all persons with the utmost care, but that, if first performed in infancy, it should systematically be repeated at a later period of life. Mr. THOMAS BRYANT continues his lectures on the "Surgical Diseases of Children," and treats of some of the affections of the respiratory system. Œdema of the glottis, following upon the swallowing of boiling liquid, requires very prompt measures, the chief of which is tracheotomy, and out of nine cases of which Mr. Bryant possesses the records, five recovered, the other four dying from bronchopneumonia. Foreign bodies in the air-passages are often very difficult to dislodge, and even tracheotomy often fails. A free section of the trachea ought always to be made, and if the foreign body is not immediately removed, the larynx should be carefully examined, because the foreign body may be firmly impacted in the rima. A large catheter passed from below upwards through the rima will sometimes succeed in removing the foreign substance. Fractures of the ribs in children are very rare, owing to the elasticity of those structures in infancy. Mr. FURNEAUX JORDAN describes a simple operation, invented by himself, for the relief of congenital phymosis, and he states that the relief afforded by it is complete and permanent, causing no deformity and leaving hardly any scars. Mr. J. VOSE SOLOMON gives an account of the operations practised in the nineteenth century for the relief of tension of the eye-ball and glaucoma, including Gräfe's new operation of iridectomy; and Mr. J. C. WORDSWORTH makes some practical observations on the "Treatment of the Purulent Ophthalmia of Infants."

'AMERICAN MEDICAL TIMES.'

Dr. HENRY D. NOYES continues his lectures on "Diseases of the Eye," and the subjects of the present lecture are "Ophthalmia Tarsi or Blepharitis Ciliaris, Hordeolum, Cystic Tumours, and Trichiasis and Distichiasis. Dr. C. R. AGNEW communicates a case of "Caries of the Internal Ear." A large polypus presented itself at the external meatus, and on removing it a solid obstacle was encountered, which subsequently proved to be a sequestrum, consisting of remains of the cochlea and the semi-circular canals. There was loss of hearing and paralysis of the portio dura. After the removal of the diseased structures the patient rapidly recovered, the discharge from the meatus ceased, and the external meatus entirely closed by cicatrisation, but paralysis of the portio dura remained. Dr. G. T. ELLIOTT, Jun., relates the particulars of "Two Difficult Obstetrical Cases," in which instruments were used, but the patients both recovered. Dr. E. G. WATERS completes his

"Report of Twelve Gun-shot Fractures of the Thigh, treated conservatively in the General Hospital of the United States Army." All the cases terminated successfully.

THE STETHOSCOPE.

This number contains the third part of an article on "Some Theories of Tubercle," and the writer gives a brief analysis of the views entertained by Laennec, Andral, Cruveilhier, Graves, Copland, and others. The next article is on the "Nature of the Early or Impending Stage of Pulmonary Consumption," and gives a fair sketch of this phase of the disease. In a paper on the "Early Stage of Phthisis Pulmonalis as Indicated by its Diagnostic Signs and Symptoms," a good *résumé* is offered of the general and physical signs. The writer of the article on "Indications of Treatment" appears to lay great stress upon the utility of cod-liver oil in half-ounce doses three times a day, increasing it to one ounce doses if the disease seems to advance. The number concludes with a paper on "The Influence exerted by some Articles of Dress on the Female Constitution," and some of the prevailing forms of dress are justly and rather severely criticised. None of the articles are signed by any name or illustrated by any cases.

REVIEW OF BOOKS.

On Malaria and Miasmata and their Influence in the Production of Typhus and Typhoid Fevers, Cholera and the Exanthemata; founded on the Fothergillian Prize Essay for 1859. By THOMAS HERBERT BARKER, M.D. F.R.S.Edin. pp. 251. 1863.

The very important and difficult questions which form the title of this book were proposed as the subjects of the Fothergillian Prize Essay by the Medical Society of London in the year 1859, and Dr. Barker having obtained the prize, now prints the substance of his essay, together with such amplifications and improvements as his subsequent reading and researches have suggested to his mind. We have called the questions difficult, and they really are so in no common degree, for the elements of epidemic and endemic diseases are of so subtle a nature that they have hitherto eluded all attempts to demonstrate or isolate them, and are known only by their destructive effects upon the race of man. From the earliest records of the history of the human race, epidemic visitations have from time to time desolated the earth, and the efforts of physicians and philosophers have been incessantly directed to discover their causes and to guard against their pernicious effects. The constitution of the atmosphere, the nature of the drinking waters, the social habits of a people, the wrath of offended deities, and many other causes, have been supposed, in different ages and by different authors, to originate these devastating scourges; but even at the present time it cannot be asserted that the cloud of mystery which overhangs the whole subject has been wholly dispelled. It is true that sulphuretted hydrogen has been detected in many unhealthy situations, and it is known that this gas is a deadly poison to living beings; but it cannot be asserted with any truth that sulphuretted hydrogen is the cause or the essence of any known epidemic disease. The invisible and impalpable vapour brooding over marshy and fenny districts, although incapable of isolation, is known by its effects as the cause of intermittent and remittent fevers, and science and humanity have mitigated the severity of these diseases by draining the lands and by introducing sanitary regulations among the inhabitants, as well as by the discovery of remedies specially applicable to the cure of these maladies. The existence of organic molecules or animalcules floating in the atmosphere or dissolved in the waters, has been assumed, and not without some probability, to be the cause of some epidemic visitations; but it cannot be asserted that this theory has yet been admitted among the established truths of modern science. It may also be granted that uncleanly habits, the overcrowding of people in confined localities, the want of ventilation, the deficiency of water-supply, the decomposition of organic matters, and other deleterious agencies of a like kind, may help to propagate disease; but can it be truly affirmed that any or all of these causes have the power to *originate* in one place small-pox, in another scarlatina, in another cholera, in another erysipelas, in another puerperal fever? As the above causes are, one or all, more or less always present in civilised countries, wherever there are extremes of wealth and poverty, so ought all the epidemic diseases to be continually present among us; and yet we know that epidemics disappear and return according to laws of which we can form no adequate conception. We know the malaria or the miasma by its effects; we watch the visitation of disease assuming its Protean forms, starting from spot to spot with apparently capricious variety, or spreading regularly from one locality to another; but sanitary science has hitherto failed to discover the poison, whatever it may be, and hygienic efforts have been restricted to check its propagation and to alleviate the sufferings of its victims.

The above observations are offered only to point out the difficulties of the investigation, not to discourage the efforts of future inquirers. It may be that among the secrets to be unfolded by the womb of time, the essence of epidemic disease may be at last rendered amenable to chemical tests, or neutralized by chemical antidotes, and such a result is by no means to be despaired of in an age which has drawn down the lightning from the heavens and imprisoned it in a phial, which has made the steam of boiling water the agent for the civilization of the world, and has made the sunbeams the unrivalled exponents of the loveliness of nature and the triumphs of art. Man, like Prometheus, has caught a portion of the heavenly fire, and knowledge will increase as time rolls on.

The work before us is highly creditable to Dr. Barker's talents as a scholar, and his industry and sagacity as an original investigator. Without binding himself to any exclusive theories, he has traversed the whole of the literature which bears upon his subject, and he has, by his own observations and those of his friends and correspondents, brought together a number of apposite and interesting illustrations of the views which he advances. This result is the more to be admired as Dr. Barker's lot has been cast in a provincial city, where the sphere of his observation is necessarily limited, and where, moreover, the demands of a laborious country practice make incessant demands upon his time. Yet nevertheless we find him in his own garden, laboriously noting down, day after day, month after month, and year after year, the meteorological phenomena which are passing around him, and comparing the results with those obtained in other and remote localities, and also comparing them with the epidemic outbreaks of disease throughout the country. The immediate connexion between the barometric, thermometric, and hygrometric conditions of the atmosphere, the nature of prevailing winds, and the presence or deficiency of ozone, on the one hand, and the existence of epidemic diseases on the other, may not perhaps be immediately apparent, but, as Dr. Barker remarks, "there can be little doubt that a continued series of faithful observations, shewing the precise dates of the commencement of several diseases, side by side with precise records of meteorological changes in the localities of the diseases, would be useful in settling many doubtful points in pathology." But such observations cannot be conducted by one man, however industrious he may be, and the undertaking should be the duty of a large association or of the nation itself. We cannot refrain from alluding to the observations of Mr. Bailey, of Thetford, Norfolk, (quoted by Dr. Barker), who *for forty-five years* has daily recorded the meteorological phenomena of his district, and their bearings on disease.

Our space forbids us to follow Dr. Barker through the many interesting subjects introduced in the volume before us. It will be seen from our own observations, and from Dr. Barker's admissions, that the whole question of malarious and miasmatic influences is still in its infancy, and all discussions on such matters must be regarded rather as suggestions for future inquiry than as the conclusive results of foregone experience. Nevertheless the summary of the facts and conclusions regarding malaria and miasmata, at which Dr. Barker has arrived, are exceedingly interesting, and we warmly recommend the book to the notice of the Profession.

GENERAL CORRESPONDENCE.

LETTER FROM DR. RAMSBOTHAM.

To the Editor of the Medical Circular.

SIR,—In justice to myself, I must request you to publish this letter in the next number of your Journal.

In your last you say I have been singularly unfortunate in my efforts to exculpate myself from blame for the part I took in the late trial, Bromwich *v.* Waters, for that a letter has appeared in the 'Medical Times' from the plaintiff's solicitor, contradicting my statements in many important particulars, and that so far from showing any unwillingness to appear at the trial, I actually wrote a letter expressing my readiness to come down to Chester, and requesting to know on what day the case was set down for trial, so that I might not fail to attend.

The following is the letter as published by the solicitors, of which I have not got a copy:—

Bromwich v. Waters.

Messrs. Kimber and Ellis.

GENTLEMEN,—I presume by the series of questions you transmitted to me respecting the above case a few days ago, that you are desirous I should appear at Chester to give evidence at the trial. If so, you will oblige me much if you will inform me when my presence will be required. I understand the trial will come off in April. Is that the case, and can you tell me what part of the month?

I am very faithfully yours,

FRANCIS H. RAMSBOTHAM.

8 Portman square, March 16, 1863.

Now, Sir, I contend that this was merely a business letter, re-

questing to know, for my own convenience, when it was likely my presence would be required, that I might make arrangements accordingly. There is nothing in it about "so that I might not fail to attend." That part of the sentence is a gratuitous addition, supplemented by you, to my detriment.

I felt tolerably sure I should be subpœnaed, though I had never been told so. I had already stated that the girl's uterus was healthy; that was a matter of fact which had come to my knowledge, and as such I considered myself obliged to appear to speak to it, if called upon. Under such circumstances, to show any unwillingness or disinclination to attend during my correspondence with the solicitors, would have been puerile and more than useless.

I beg to say, also, that the solicitors have not contradicted me "in many important particulars." The solicitors certainly say that I had not arrived at the (presumed) opinion which I hold now on the day after the trial, and that I expressed a favourable opinion of the truth of the girl's story after I had examined her (verbally) myself. No doubt I have said "she made her statement to us with a degree of simplicity and absence of exaggeration not often united to falsehood, and she never wavered in the minutest particular in the account she first gave, although she underwent many very severe examinations and cross-examinations, as well by Medical men—myself being one—as by acute counsel and solicitors. Thus a *primâ facie* case would seem to be made out; but on February 10, four days after my interview with her, I wrote to the solicitor—"This is only one side of the question; when the other is heard, circumstances may appear which will very much modify our judgment." Supposing, for argument's sake, the case to be that I did hold a different opinion when only one side was presented to us, and have changed it after the other side has been heard, when a judge and jury have declared the story incredible, is that a crime to be visited by censure?

But these gentlemen accuse me of stating that I did not know the case was to be brought into a court of justice until some time after I had been consulted; and they go on to say "no Medical man has been consulted by us in this case without having been plainly told at the first interview the reason why his opinion was desired, and that an action for seduction was about to be tried. Dr. Ramsbotham first saw the girl in the presence of another Medical gentleman, and knew perfectly well why they met in consultation." In consequence of my being in Edinburgh, and not having my notebook by me when I wrote the letter to which the solicitors refer, I was led into a trifling error. I was under the impression that at least a week had elapsed from the time when I was first applied to about the case and my visits to the young woman, when the interval was only two days. But my "first interview" was with a gentleman from the solicitor's office, and he did not put me in possession of the facts of the case, nor did I know then till Dr. Lee and I met in consultation.

The simple statement of the case is as follows:—

On February 4, a gentleman whose face appeared familiar to me, and whom I at first took for an old pupil, called on me and asked me some Medical questions. He requested me to make an appointment to meet a certain physician, which I did by naming two o'clock on February 6. It is possible he may have said something about wishing my advice concerning a case of seduction; but I have no recollection of that, and he certainly did not mention the name of Dr. Waters. However, I have a perfect recollection of his asking me what my fee would be for this consultation, by which I naturally concluded that my connexion with the case would terminate at that interview. On arriving at the house, instead of the physician I expected, I met Dr. Lee, who told me he had seen the patient a few days before. There were present in the room the girl's mistress and the gentleman who had called on me; and we were requested to adjourn to the next room—a bed room—where the young woman was. I made an examination, and some remarks to Dr. Lee about the uterus being so healthy. On our return in a few minutes to the sitting room, the question was put to me in what state I found the uterus, when I replied "perfectly healthy," or words to that effect. I was then fully informed of the nature of the charge, which, until that time, I was not acquainted with. I am almost certain that I recommended *at that interview* that the case should be abandoned, and was answered it had gone too far for that course being taken. I said also that my evidence would be of no service to them; the reply to which was that I could speak to the state of the uterus when I examined. At any rate, if what I have stated did not take place at that time (which I firmly believe) it did on a subsequent occasion. I considered, as I had spoken to a matter of fact, there would be no use in objecting to appear as a witness, if called upon to do so.

My feeling in this lamentable case, and the animus with which I went down to Chester, will best appear by the following answer to one of seven questions, which were put to me in writing on February 14, by the solicitors:—

Question.—Do you consider it proper treatment to use the speculum at all to a single, chaste woman?

Answer.—The speculum is constantly being used in the case of single and chaste women, both in London and elsewhere. For myself I do not know that I ever used it, in the case of an unmarried woman, unless it had been previously employed in the same case by some other practitioner. But this is also a matter of opinion; and no medical man has a right to put himself forward as the *arbiter morum*, especially when his doing so would arraign the conduct of a brother practitioner in so delicate a question.

I am, Sir, yours, &c.,

FRANCIS H. RAMSBOTHAM.

8 Portman square, May 8, 1863.

DR. FOWLER'S "MEDICAL VOCABULARY."—IMPUTED PLAGIARISM.

To the Editor of the Medical Circular.

SIR,—A few days after the announcement of the referees' award in this matter, my publisher applied to Mr. Churchill, asking that the objectionable preface to the 2nd edition of Dr. Mayne's work might be withdrawn from circulation.

To this most reasonable solicitation you will be surprised to hear that Dr. Mayne has replied, through his publisher, in the following words:—"I cannot comply with the request of Mr. Renshaw."

I am therefore again constrained to beg the indulgence of a space in your pages to publicly ask Dr. Mayne, to accord me that reparation, which, as a man of honour and a gentleman, he must feel that I am entitled to.

I have disproved, *to the satisfaction of the referees*, every statement to which Dr. Mayne committed himself in respect of the dates of announcement, and publication of my "Medical Vocabulary."

Despite his production, after a period of four months, of certain alleged proofs, in substantiation of the imputed plagiarism, I have also conclusively shown, that the serious charges brought against me are totally devoid of foundation.

The profession will, therefore, I am sure, consider me justified in now asking of Dr. Mayne, to cancel and cause to be expunged every disproved allegation of his in the aforesaid preface, which relates to myself. I am, &c.,

ROBERT FOWLER, M.D. Edin.,
Author of "*The* Medical Vocabulary."

145 Bishopsgate St. Without, May 4, 1863.

LEGAL INTELLIGENCE.

COURT OF EXCHEQUER, May 4.

CLAY V. ROBERTS.

This was an action, by a physician at Manchester, for libel complaining of certain letters in 'The Lancet' which imputed to him that he met homœopathists in consultation.

The declaration averred that, by the etiquette of physicians and the medical profession generally, it was improper and disgraceful to meet homœopathists in consultation, and that it was injurious to the character and practice of physicians to have it supposed that they did so. It then went on to set out the allegations complained of, and connected the plaintiff with them.

The defendant pleaded, among other pleas, as to so much of the declaration as was founded on the allegation that by the etiquette of the profession it was considered disgraceful to meet in consultation homœopathists, that it was not so considered.

To this plea there was a demurrer.

Mr. Keane, for the plaintiff, was called upon to support the declaration, and a lengthened discussion ensued, and much mirth was created by the learned counsel citing some instances in the old books in which defamatory language had been used of physicians, and he was ultimately called upon to impeach the plea. He contended that as the articles in 'The Lancet' were only consistant with the desire of the writer to impress upon the public that the plaintiff's conduct was improper and disgraceful, he was estopped from denying it to be so, and although the word disgraceful was not to be found in the libel itself, yet the substance in the imputation in it was that according to medical etiquette the conduct imputed to the plaintiff by it was disgraceful.

The Lord Chief Baron said the defendant thought it disgraceful when he published the libel, and he did not think so now. Why should he not traverse the allegation?

Mr. Keane.—If he has altered his opinion he should apologise, and not put the plaintiff to costs.

Mr. Thomas Jones appeared for the defendant, but was not called upon, the Court being of opinion that the plea was a good answer to so much of the action as it related to if made out.

Judgment for the defendant.

ROYAL MEDICAL BENEVOLENT COLLEGE.—The income of this College for the year 1862 was derived—From annual subscriptions, 314*l.*; from donations, 1,006*l.*; dividends on stock, 168*l.*; school payments, 5,052*l.*; total, 9,340*l.* The ordinary expenditure, 8,568*l.*

THE MEDICAL COUNCIL.

The following is a copy of a resolution passed at a meeting of the Executive Committee of the Medical Council. held on the 1st instant :—

"That, certificates having been produced to the Committee of the conviction of Evan Thomas, at Liverpool, for perjury, and of the conviction of Robert Wrixon, at Reading, of forgery, the Registrar be directed to erase the names of those persons from the 'Medical Register.'"

Births, Marriages, and Deaths.

BIRTHS.

BARRANT.—Feb. 19, at Port Louis, Mauritius, the wife of Dr. A. R. Barrant, of a son.

BENNIE.—On the 29th ult., at Lympstone, Devon, the wife of A. Bennie, L.R.C.P. Ed., of a son.

CHARLTON.—On the 12th inst., at Dartford, Kent, the wife of Egbert Charlton, M.D., of a daughter.

CAMPBELL.—On the 10th inst., at Cheltenham, the wife of Dr. A. Campbell, late of the Bengal Medical Service, of a daughter.

COMPTON.—On the 14th ult., at Upper Walmer, the wife of Dr. Compton, of Manchester, of a daughter.

GARRINGTON.—On the 18th ult., at St. George's square, Portsea, the wife of Arthur M. Garrington, M.D., of a daughter.

NOWELL.—On the 9th inst., the wife of A. H. Nowell, M.R.C.S.E., of Cornwall villas, Westbourne park, Bayswater, of a daughter.

SHONE.—On the 12th inst., at Great Marlow, the wife of W. J. Shone, M.R.C.S.E., of a daughter.

SILLIFANT.—On the 14th inst., at Thornhill square, Barnsbury, the wife of Horatio Sillifant, M.D., prematurely of a son—still-born.

STEPHENS.—On the 14th inst., at Flora place, Plymouth, the wife of W. B. Stephens, M.R.C.S.E., of a daughter.

SMITH.—On the 15th inst., the wife of R. C. Smith, M.D., of Manchester of a son.

SPARROW.—Feb. 5, at Theyat-Myo, British Burmah, the wife of Dr. Sparrow, Surgeon 3rd Batt. 60th Royal Rifles, of a daughter.

STEWART.—On the 19th ult., at Diss, Norfolk, the wife of W. Steward, M.D., of a daughter.

TORNEY.—On the 14th inst., at Blackhall street, Waterford, the wife of Thomas Torney, M.D., of a son.

MARRIAGES.

PHILLIPS—HARRIS.—On the 18th ult., at Islington, T. Grace Phillips, Surgeon, of St. James's road, Lower Holloway, to Lavinia, second daughter of the Rev. E. Harris, of Thornhill crescent, Barnsbury.

MANFORD—GLAHOLM.—On the 21st ult., at Newcastle-on-Tyne, F. W. Manford, L.R.C.S. Ed., to Ellen, youngest daughter of the late J. Glaholm, Esq., all sf Newcastle-on-Tyne.

BIRD—BRAGINGTON.—On the 22nd ult., at St. Paul's, Seacombe, W. V. Bird, M.D., of Egremont, Birkenhead, to Ann Amelia, youngest daughter of R. Bragington, Esq., of Torrington, Devon.

LYSTER—PARLANE.—On the 27th ult., at Walton Brook Church, C. E. Lyster, M.D., of Devonshire road, Princes park, to Margaret Ann, youngest daughter of the late Alex. Parlane, Esq., of Liverpool.

DEATHS.

CHAVASSE.—At Sutton Coldfield, H. S. Chavasse, M.R.C.S.E.

CLARKSON.—On the 7th of February, Assistant-Surgeon James Clarkson, eldest son of Dr. Clarkson, of Melrose.

CROZIER.—On the 7th of March, at Deyrah, Dr. A. W. Crozier, of the 104th Regiment of Foot.

ELLIS.—On the 17th ult., at Belgrave street South, Pimlico, James Ellis, M.R.C.S.E., Surgeon, R.N., July 26th, 1823 (on the retired list.

LAMBERT.—On the 9th ult., John Lambert, Student of Medicine in the University of Glasgow, aged 20.

PROWSE.—On the 26th of Feb., John Prowse, M.R.C.S.E., of Nuneaton, Warwickshire.

UNIACKE.—On the 24th ult., Dr. James Uniacke, of Cork.

STEEL.—On the 25th ult., John Steel, L.R.C.S., of Bradford, Yorkshire.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 5th inst.:—Joseph Foster Armstrong, South Shields; Ebenezer Atherton, Bingley, Yorkshire: Guy's Hospital; Walter Thomas Beeby, M.D. St. Andrew's, Kilburn: Guy's Hospital; Walter Henry Cape, L.S.A., Buckingham street, Strand: Charing-cross Hospital; Edward Chaffers, Enfield, Accrington: St. Thomas's Hospital; George Herbert Clifton, Burwell, Cambridgeshire: Middlesex Hospital; Walter Colman, Wymondham, Norfolk: London Hospital; Francis Albert Davey, Bath: King's College; Francis Molineaux Fawcett, Yarm, Yorkshire: King's College; John Bunyan Forster, Huntingdon: University College; Owen Grimbly, M.D. St. Andrew's and L.S.A., Banbury: St. Thomas's Hospital; Henry Parr Mallam, L.S.A., Oxford: Charing-cross Hospital; Belling Harvey Mudge, Bodmin, Cornwall: St. Bartholomew's Hospital; Thomas Cooke Parson, Bristol; Benj. Whitehead Parker, L.S.A., Farington, Lancashire: St. Thomas's Hospital Francis Drake Pearce, L.S.A., Kingsbridge, Devon: St. Bartholomew's Hospital; Paynton Pigott, Great Wilbraham, Cambridgeshire: St. George's Hospital; Richard Shillitoe, Hitchen, Herts: University College; Duncan Francis Sinclair, Halstead, Essex: University College; John Babington Williams, Sydney, street, Brompton: St. George's Hospital.

The following gentlemen were admitted on the 6th inst.:—William John Allkin, Manchester: Charing-cross Hospital; James Lawton Andrew, Moseley, near Manchester; Charles Edward Cockerton, Aberystwith-terrace, Islington: London Hospital; Charles Edward Covey, Basingstoke: St. Bartholomew's Hospital; John Legge Currie, Bungay: St. Bartholomew's Hospital; Thomas Elmes, Limerick; James Flack, Shoreditch: London Hospital; Elijah Baxter Forman, Derby; Guy's Hospital; Charles Augustus Greaves, L.S.A., Derby: St. Thomas's Hospital; Caleb Samuel Hilton, M.D. St. Andrews and L.S.A., Preston, Lancashire: St. Bartholomew's Hospital; Frederic Thomas Hindle, Askerne, near Doncaster: Guy's Hospital; Thomas Jackson, Whitehaven: Guy's Hospital; Edwin Holborow Green King, Portsmouth: King's College; Frederick Long, East Dereham: Guy's Hospital; George Hunt Orton, Narborough, near Leicester: St. Bartholomew's Hospital; William Smith, Spilsby, Lincolnshire; Edward Sutcliffe Camberwell; St. Thomas's Hospital; John William Taylor, M.D. St. Andrews and L.S.A., New Malton, Yorkshire; Matthew Trevan, L.S.A., Padstow, Cornwall: St. Bartholomew's Hospital; Edwin Turner, Dudley, Worcestershire: St. Bartholomew's Hospital; John Ward, M.D. St. Andrews, Glossop, Derbyshire; John Palmer, Way, L.S.A., Southsea, Hants; St. Thomas's Hospital; William Wilcox, Cardigan, S. Wales: St. Bartholomew's Hospital.

At the same meeting of the Court Dr. Thomas Alexander O'Flaherty, of H.M.S. *Britannia*, at Portland, passed his examination for Naval Surgeon. This gentleman had previously been admitted a Member of the College, his diploma bearing date July 19th, 1859.

The following gentlemen were admitted on the 23rd ult.:—Frederick Gordon Brown, Finsbury-circus; William Gandy, South-street; Horatio Bate Goold, Gosport; Albert Cross Horridge, Cheltenham; Edward Cooke Houseman, Ripley; Robert Hughes, Woodbridge; Richard Jackson, Birmingham; Jeremiah Keighley, Bradford, Yorkshire; Thomas Lucas, Burwell; Samuel Mills, Huddersfield; John Albert Nunneley, Leeds; Thomas Osmond, Thorpe-le-Soken; Robert Platt, Manchester; John Prior Purvis, Blackheath; John Robert Ruddock, Leeds; Thomas Taylor, Methley; George Edward Walker, Wigan; Algernon Newbegin Watts, Norwich; Edward Williams, Bala; Thomas Edward Williams, Talgarth; Thomas Starbuck Woolley, Cadnor.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 30th ult.:—Frederick Gordon Brown, Finsbury-circus, E.C.; John David Frankish, Christchurch, New Zealand; Charles Phineas Langford, Higham, Norfolk; Thomas Edward Mason, Deal, Kent; John Morton, Holbeach, Lincolnshire; John Reddrop, Tiverton, Devon; Henry Stubbs, Brierley-hill; Frederick Sutton, Marton Vicarage, Gainsborough, Lincolnshire; John William Taylor, New Malton, Yorkshire; Albert Weaving, Oxford.

The following gentleman also on the same day passed his first examination:—Thomas Sanders, University College.

UNIVERSITY OF ABERDEEN.—At the late Graduation Term, the following candidates after the usual examinations received degrees in Medicine and Surgery:—Degree of M.D.—James Forbes, Beattie, A.M., Aberdeenshire and John Brown, A.M., Haddington, Honourably distinguished; John Ford Anderson, Old Aberdeen; David Dyce Brown, A.M., Aberdeen; Alexander Collie, Aberdeenshire; Francois Gabriel Fropier, Mauritius; John Balmain, MacLeod, Kingussie; Andrew MacMillan Perthshire; James Shand Stuart, Banff; Robert Walker, A.M., Aberdeenshire; John Wight, Aberdeenshire.

At the same time the following gentlemen were promoted to the degree of M.D.:—Alexander Stormont MacLaggan, M.B.; Alexander Turner M.B.—Degree of M.B.,—Francis James Padfield, Bermudas and James Ross, Inverness-shire: Highest honours; Robert Collins, Ayrshire, and Robert Harvey Aberdeen, Honourably distinguished; James Ashburner Lightbourne, Argyllshire; James Green Milne, A.M., Fife; John Shand, Cape of Good Hope; James Dear Smith, Mayo; Robert William Troup, A.M., Aberdeen.—Degree of M.C.—James Beattie, John Brown, Francis James Padfield and James, Ross Highest honours; Robert Collins,—Hon. disting; John Ford Anderson; David Dyce Brown, Alexander Collie; Francois G. Fropier; Robert Harvey; James Ashburner Lightbourne; John B. MacLeod; Andrew MacMillan; James Green Milne; John Shand; James Dear Smith; James Shand Stewart; Robert William Troup; Robert Walker; John Wight.

At the same time the following were declared to have passed part

of their examinations:—George Henry Anderson; Charles Buchan; John Burton; Alexander Campbell; Samuel Davidson; Alexander Duncan; William Duncan; George Findlay; John Fraser: John Fowler; James A.S. Grant; William Grant; Alexander Gray; Robert Keith; George King; Benjamin Knowles; David Law; James Ledingham; Frank Leigh; Alexander Littlejohn; Christopher Macrae; William MacLean; John G. MacKindrick; Robert Milne; Thomas Milne; Alexander Minty; Alexander G. Mitchell; John Murray; Alexander Ogston; William Robertson; Peter Shepherd; Alexander Silver; William J. Smith; William S. Smythe; William Sutherland; Alexander Thom; John C. O. Will; John Whyte; James Yates.

Death of Mr. Elleray Armstrong, of Carlisle.—This gentleman, who was M.R.C.S.E. and L.A.C., died at Carlisle on the 18th of last month, very suddenly, at the early age of forty-eight, leaving a widow and seven young children ill-provided for. At a recent meeting of the Governors of the Carlisle Dispensary, Dr. Barnet said a few feeling words respecting the late Mr. Armstrong, who had been house-surgeon to the Dispensary about twenty years ago, which he left for the service of the Poor-law Guardians. Subsequently, he also became house-surgeon at the House of Recovery, both of which latter appointments were vacant through his death. Mr. Armstrong was an excellent person, and a most meritorious officer; he had left a widow and a large family of young children in very distressed circumstances. Consequently, some medical and other gentlemen had held a meeting to express sympathy with his family, and also a sense of his worthiness. He was a very modest man, shrinking from all active part in politics; and he devoted all his time to his profession and his family, who had suffered an irreparable loss. He begged leave to pay this slight tribute of respect to the memory of a departed friend. At a meeting of members of the Medical Profession resident in Carlisle, held at the Carlisle Dispensary on the 21st of April, Dr. Elliot in the chair, it was resolved —That this meeting learns with great regret that the late Mr. Armstrong, Surgeon, has left his widow and seven young children in very straitened circumstances, and it is desirable that a subscription be entered into with a view of assisting them. *Subscriptions already promised:* Mr. Head, Rickerby House, 10*l.* 10s.; Dr. Barnes, 10*l.* 10s.; Dr. Elliot, 10*l.* 10s.; Mr. W. B. Page, 10*l.* 10s.; Mr. Robert Brown, 10*l.* 10s.; Dr. Evans, 5*l.* 5s.; Dr. Carlyle, 5*l.* 5s.; Jos. Robinson and Co., Denton Mill, 5*l.* 5s.; Mr. C. S. Hall, 5*l.* 5s.; Dr. Lockie, 5*l.* 5s.; Mr. George Temperley, 5*l.* 5s.; Mr. George Mounsey, 5*l.* 5s.; Mr. Thos. Clarke, 3*l.* 3s.; Mr. H. Dobinson, 3*l.* 3s.; Mr. A. Lows, 2*l.* 2s.; Mr. C. B. Hodgson, 2*l.* 2s.; Mr. Wannop, 2*l.* 2s.; Mr. I. Cartmell, 2*l.* 2s.; Mrs. Bell, Lowther street, 2*l.*; Dr. Head, 1*l.* 1s.; Dr. Wheatley, 1*l.* 1s.; Dr. Hamilton, 1*l.* 1s.; Dr. Jones, 1*l.* 1s.; Mr. Mortimer, 1*l.* 1s. Subscriptions to "The Armstrong Fund" will be received by Mr. W. B. Page, Treasurer; by Dr. Elliot, Secretary; or by any of the Carlisle banks.

Testimonial to E. A. Parkes, M.D., F.R.S.—On Tuesday, March 17th, Dr. Parkes, late Professor of Clinical Medicine at University College, was invited by a large number of his old pupils to a meeting, for the purpose of being presented with a bust of himself, subscribed for on the occasion of his resigning his office in that College.

The bust, a striking likeness, was the work of Edward Davis, Esq., of Charlotte street, Fitzroy square. The presentation took place in the Botanical Theatre of University College, before a large assemblage of old and present students, and many of the Professors, former colleagues of Dr. Parkes. Dr. Jenner, the Professor of Medicine, presided. The following address was read:—

"To Dr. Parkes.

"Sir,—We have invited you here to-day that we might have an opportunity of presenting you with this testimonial of the affectionate esteem entertained for you by your old pupils.

"When three years ago you resigned your post as Professor at this College, there was a general feeling amongst us, not originated by one man, but one that seemed to take possession of all at the same time, that you should not be allowed to depart without taking with you some token of the affection you had inspired during your connection with us. We could not but feel that, not contented with being merely a teacher, you had striven to be a friend as well; that you had not only fulfilled most perfectly the duties which the office required, but had added thereto kindness such as no office could require, and no student expect.

"There are amongst us some who, of course, feel this more strongly than others; there are amongst us those who have experienced at your hands kindnesses so great that no memento can fitly express their gratitude; but we beg you to believe that there is no one who has taken part in the preparation of this testimonial who does not feel that in his remembrance of you there is something warmer than mere admiration of your skill as a teacher, something better than mere respect for your eminence as a man of science.

"That said, there is little more to add. You will at once perceive that we who are present are but a few out of the number of those who have united to present you with this bust. We should have preferred, if it had been possible, having all the subscribers present, but their very absence furnishes, we think, the not unpleasant reflection that all over the kingdom are scattered men who were once your pupils, and who still think, and will ever think of you with affection and respect."

The Soden Collection.—At the last meeting of the Medico-Chirurgical Society several volumes, containing 850 portraits of members of the profession, were presented to the Society by Mr. Soden of Bath. They had been collected by his father. Many of the portraits are very rare, and as works of art there are some of very great value. There was also a volume of autographs, one of caricatures, and two indexes to the volumes of portraits. The condition on which they were given was that they should form the nucleus of a collection to be called the "Soden Collection." The Council had gratefully accepted the gift and had already thanked the donor, but on the motion of Dr. Webster the meeting passed a second vote of thanks to Mr. Soden. The President hoped the members would contribute autographs and portraits to the collection.

Fort Pitt Hospital, Chatham.—The Army Sanitary Commissioners, on the occasion of their visit to the hospital &c. at Chatham a few days since, approved the proposal for the conversion of the buildings at Fort Pitt into an hospital for the whole of the troops of the garrison. It will accommodate about 300 patients.

Royal Institution of Great Britain.—General monthly meeting. Monday, May 4, 1863.—William Pole, Esq. M.A. F.R.S. Treasurer and Vice-President, in the chair.—The Secretary announced, that His Grace the President had nominated the following Vice-Presidents for the ensuing year:—Sir William Armstrong, William Pole, Esq. M.A. F.R.S. Treasurer, The Rev. John Barlow, M.A. F.R.S., Sir Henry Holland, Bart. M.D. D.C.L. F.R.S., Sir Roderick I. Murchison, K.C.B. D.C.L. F.R.S, The Lord Wensleydale John Graham, M.D., Cosmo Howard, Esq., were elected members of the Royal Institution. The following professors were re-elected: —William Thomas Brande, Esq. D.C.L. F.R.S. Hon. Professor of Chemistry, John Tyndall, Esq. F.R.S. Professor of Natural Philosophy, Edward Frankland, Esq. Ph.D. F.R.S. was elected Professor of Chemistry. The presents received since the last meeting were laid on the table, and the thanks of the members returned for the same.

Royal College of Physicians.—An address of congratulation, on the marraige of their Royal Highnesses the Prince and Princess of Wales, has been presented, through the Home Office, to the Queen, and graciously accepted; and on Wednesday, the 29th ult., Dr. Watson (President), Dr. Budd (Senior Censor), Dr. Alderson (Treasurer), and Dr. Pitman (Registrar), had the honour to present an address on the auspicious event to the Prince of Wales at Marlborough House. The addresses, which bore the corporate seal, were as follows:—

To the Queen's Most Excellent Majesty.

"Most Gracious Sovereign,—We, your Majesty's most loyal and dutiful subjects, the President and Fellows of the Royal College of Physicians of London, crave permission to lay before your Majesty our humble but fervent congratulations on the marriage of their Royal Highnesses the Prince and Princess of Wales.

"We hail their auspicious union, which has filled the land with rejoicing, as promising a renewal of the inestimable blessing which this nation has long enjoyed in the bright example of your Majesty's domestic life.

"We further rejoice in it, through the hope and belief that to your Majesty it has already brought much joy and consolation, and will remain a source of felicity.

"With thankfulness, therefore, and with trust, we pray that Divine Goodness may support your Majesty under your heavy trials; may guard your Majesty's health, and largely increase the happiness of your Majesty and all your Royal Family.

"To His Royal Highness the Prince of Wales.

"May it please your Royal Highness,—The President and Fellows of the Royal College of Physicians of London humbly but ardently desire to congratulate your Royal Highness on your most auspicious marriage. We firmly believe that at no former period of English History has the heart of the whole nation been so warmly attached to its sovereign as it now is to our most gracious Queen, and to all her Royal Family. Hence the universal joy, the irrepresible ardour, with which the nation welcomed the arrival of the Princess whom fame had truly reported to be in every way worthy of your Royal Highness's choice. Therefore, in common with all her Majesty's subjects, we rejoice in a union which promises all that could be desired for your Royal Highness and the Princess of Wales, as well as for the best interests and future prospects of the realm, and we pray that Divine Providence may shower down its choicest blessings on both your Royal Highnesses, and grant you uninterrupted health and happiness through a long life, cheered by the devoted affection of a loyal and contented people."

The Botanical Gardens at Chelsea.—The Society of Apothecaries have resolved to make many important improvements in the gardens at Chelsea, and the arrangements connected with them, so as to afford every facility to the student for the study of Botany.

THE PROPOSED MARKET IN LEICESTER-SQUARE.—The Committee of the House of Commons on this Bill, after hearing evidence for and against it, decided, on Wednesday last, "That they were unanimously of opinion that the preamble of the Bill was not proved," in other words, that a market was not necessary in the neighbourhood, or, if it had been, that Leicester-square was not the site for it—a decision arrived at by THE LANCET two months ago. It is to be hoped that the inhabitants of the square will at once take steps to improve the inclosure by planting trees, &c.

DR. JOHN THOMSON, an old and deserving officer of the Royal Navy, expired at Lewisham, on the 1st ult., aged seventy-three. He entered the Royal Navy in 1809, and served in Spain and the Mediterranean till 1814. He was then appointed to her Majesty's ship *Zephyr* in attendance on her late Royal Highness the Princess Charlotte of Wales. He afterwards went out in that vessel to St. Helena with the Emperor Napoleon. He was constantly engaged in the service until failing health compelled him to invalid home. He graduated at Edinburgh in 1828, and was Licentiate of the Royal College of Physicians, a Fellow of the Linnæan, the Royal Medical and Chirurgical, and other Societies.

TESTIMONIAL.—A subscription has been recently made by the supporters of the Leeds Hospital for Women and Children, for the purpose of presenting a testimonial to Mr. J. I. Ikin, the secretary, through whose exertions the funds for defraying the cost had been principally raised. On Wednesday week the committee of the hospital presented to him an elegant silver tea-service and salver, epergne, four corner dishes, and a time piece. On the salver, teapot, and epergne was inscribed: "Presented to J. I. Ikin, Esq., Hon. Sec. of the Hospital for Women and Children, Leeds, by a few friends of the Institution, as a slight recognition of his unwearied exertions in its behalf since its foundation, and especially in promoting the erection and completion of the new hospital."

THE WATER OF THE THAMES.—The principal facts indicated by an examination of the water of the Thames during the years 1861 and 1862 are thus described by Dr. Letheby:—"1st. That the water in the middle of the river is invariably charged with a larger proportion of dissolved matter than that near the shore, but the quantity of suspended matter is greatest in the shore water. 2nd. That the proportion of saline matter in the water is greatly influenced by the rain-fall and by the temperature of the river; for when the former is less than two inches in the month, and the latter is over 60° Fahr., the quantity of saline matter quickly rises from the normal proportion of about 32 grains in the gallon to upwards of 100 grains. 3rd. That when from evaporation and a diminished rain-fall the supply of water to the river is from the ocean, instead of from the land, the mixture of the sea water with the sewage causes an offensive decomposition, which gives an unpleasant odour to the river. 4th. That during strong winds, and at the time of the equinoxes, the quantity of suspended matter in the water is greatly increased. Lastly. It may be said that the normal composition of the river water is indicated by the proportions of the several constituents of the water during the first six months of the year—namely, from January to June. At that time the amount of saline matter ranges from 22 grains to 34 grains in the gallon, and of this quantity about 3·5 grains are organic. In the summer and autumn months, when evaporation from the river is considerable, the quantity of dissolved saline matter in the water sometimes exceeds 150 grains in the gallon. This shows that at those times of the year there is a strong upward current from the ocean, and it indicates the necessity at those periods for a very perfect deloecation of the sewage of the metropolis which is to be discharged into the river at Barking Creek. If this circumstance is disregarded, the condition of the river in after-time, when the main drainage scheme is completed, will be unbearable and absolutely dangerous to health. "Finally. I may say that the result of the constant examinations of the river water during the last five years shows that the quality of the water has been gradually improving, and that the special manufacturing impurities which were once so constantly present in the water are now no longer there. I attribute this to the careful supervision which is exercised by the officers of the Conservancy in preventing the discharge of such matter into the stream."

APPOINTMENTS.—E. S. Ayre, L.S.A., has been appointed Medical Officer and Public Vaccinator for the High Hoyland District of the Penistone Union, Yorkshire, vice C. O. Rowley, M.R.C.S.E., resigned.—J. Wright Baker, M.R.C.S.E., has been elected Surgeon to the Derbyshire General Infirmary, Derby, vice Johnson, resigned. —Dr. W. T. Brande has been re-elected Hon. Professor of Chemistry at the Royal Institution of Great Britain for the ensuing year.—M. Corner, M.D., has been elected Surgeon to the Tower Hamlets Dispensary, vice Mr. Wilson, deceased.—J. Edwards, M.R.C.S.E., has been re-elected Medical Officer and Public Vaccinator for the East Bampton District of the Tiverton Union, Devon.—J. Farmer, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Cottesford District of the Bicester Union, Oxfordshire, vice Roger Nunn, M.R.C.S.E., whose term of office has expired.—E. Frankland, F.R.S., has been re-elected Professor of Chemistry at the Royal Institution of Great Britain for the ensuing year.—G. G. Gascoyen, F.R.C.S.E., has been appointed Assistant-Surgeon to St. Mary's Hospital, vice H. Spencer Smith, F.R.C.S.E., elected one of the Senior Surgeons.—S. Gilmore, B.A., L.R.C.P.Ed., has been elected Medical Officer for the Workhouse Infirmary and Fever Hospital of the Castleblayney Union, Co. Monaghan, vice W. Nassau Irwin, L.R.C.P., resigned.—J. Graham, M.D., has been elected a Member of the Royal Institution of Great Britain.—Sir H. Holland, Bart., M.D., has been nominated a Vice-President of the Royal Institution of Great Britain for the ensuing year.—J. W. Johnson, F.R.C.S.E., has been elected Honorary Consulting Surgeon to the Derbyshire General Infirmary, on resigning as Surgeon.—R. B. Marriott, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Igburgh District of the Swaffham Union, Norfolk, vice F. J. Thomas, M.R.C.S.E., resigned.—S. Ringer, M.B., Professor of Materia Medica, has been appointed Assistant-Physician to University College Hospital.—C. J. Trotter, M.R.C.S.E., has been appointed Medical Officer for the District of Holme of the Huddersfield Union, vice B. Beeley, M.R.C.S.E., deceased.—R. Pakenham Walsh, L.K.Q.C.P.I., has been appointed a Justice of the Peace for the County of Fermanagh.

APPOINTMENTS FOR THE WEEK.

Wednesday, May 13.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.

Thursday, May 14.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Ansted, "On Geology."

Friday, May 15.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Royal Institution, 8 p.m.—Dr. Odling "On the Molecule of Water."

Saturday, May 16.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Max Müller, "On Language;" Metropolitan Association of Medical Officers of Health, 7½ p.m.

Monday, May 18.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, May 19.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

We have been requested to appeal to the subscribers of the Royal Medical Benevolent College in favour of Mr. Stratford A. Eyre, who is a candidate for one of the pensionships at this Institution. Mr. Eyre was a surgeon in the Army from 1812 to 1819, and while in that position he received promotion for very gallant and important services rendered to his regiment when serving in Lower Canada in the American War. He has subsequently been in general practice in London from 1820 to 1857, but is now overtaken by age and misfortune. We understand that he has always borne a most respectable character, and that his application is supported both by some of the highest names in the Profession, and by many of the officers of the Army, to whom he is well known.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

DR. W. F.—The documents reached us too late for insertion in our last week's number.

MR. W. B. R.—The discussion of the question is not suited to our columns.

DR. ROBERT FOWLER'S letter has been received.

THE ROYAL INSTITUTION.—The papers have been received.

MR. H. T. T.—The subject shall receive immediate attention.

SCOTUS.—The paper, in its present form, is inadmissible.

DR. E. G. is thanked for his communication.

DR. W. H. is informed that the parcel was duly received.

MR. E. W.—The list reached us in time.

STUDENS.—Druitt's 'Surgeon's Vade Mecum' and Fownes's 'Chemistry,' edited by Dr. Bence Jones and Dr. Hoffmann.

AN INQUIRER.—We have heard nothing more of the proposed plan.

MR. A. C. TWEEDIE shall receive a private note.

A COUNTRY PRACTITIONER.—The term "apnea" is more correct than "asphyxia," and is now more generally employed by physiologists.

DR. RAMSBOTHAM'S letter is inserted.

PARISIAN MEDICAL NEWS.

Inefficacy and Dangers of Cauterisation in the Treatment of Croup.—Cauterisation was formerly resorted to with no sparing hand in cases of diphtheria, but of late years public opinion has undergone considerable change with regard to the efficacy of the measure. Some eight or ten years ago, Professor Trousseau was in the habit of touching the fauces of children afflicted with diphtheria and croup with concentrated muriatic acid, the solid lunar caustic, or a strong solution of nitrate of silver. His practice in this respect is now entirely different, and the improvement in the treatment is remarked on by Messrs. Fischer and Bricheteau, Internes of the Hospital for Infancy, in a pamphlet entitled, *Treatment of Croup or Diphtheritic Laryngitis* (*a*).

The authors do not, however, absolutely reject cauterisation in croup and diphtheria, but the objections which have been adduced to the procedure appear so well founded that they consider themselves justified in stating them, and conceive that these charges are fully borne out by clinical observation.

The difficulty of effectually applying cauterisation in children is exceptional, and would not afford a sufficient reason for the rejection of the method, if it checked the formation of false membranes, prevented their reproduction, and could obviate the extension of the diphtheritic secretion. Many physicians now entertain strong views on the subject, and resort to cauterisation of the fauces with extreme reluctance. This procedure affords no security against the development of croup; frequently diphtheritic angina has been followed by croup, although active cauterisation had been instituted, and had even been successful in effecting a local cure of the pseudo-membranous disease of the throat.

"It frequently occurs," says Messrs. Fischer and Bricheteau, "that, during an epidemic, an infant is brought to hospital, who for a few hours only has suffered from sore-throat. The disease is therefore observed in its earliest stage. On inspection of the fauces, a small diphtheritic patch is discerned on the surface of one tonsil, and cauterisation is resorted to; but a few hours later a second pseudo-membranous deposit is detected on the other tonsil, and so on.

"It has also been remarked that cauterisation in no wise affects the primary cause of the complaint, which is of a general character, with a tendency to local manifestations on the mucous lining of the respiratory organs. The pustule which would subsequently become a Hunterian chancre may legitimately be destroyed, but what would be the advantage of cauterising ecthymatous pustules, consequent on infection of the system? Syphilitic ecthyma is but the result of a general taint, and false membranes likewise are but the local expression of the diphtheritic diathesis. The peculiar virus or miasma, the morbid poison which gives rise to diphtheria, is unknown to us, but betrays its existence by its consequences. It is the cause, and not the effect, the practitioner should contend with."

Messrs. Fischer and Bricheteau believe that the morbid intoxication precedes the formation of the false membranes. They have on several occasions observed *ab initio* symptoms, which attested the presence of the virus in the blood, a rapidly fatal termination supervening, although but a very few insignificant greyish spots were discernible in the pharynx. If, as has been argued, the infection were consequent on the diphtheritic exanthema, its manifestations should be proportionate to the number and extent of the pseudo-membranous deposits, from which the poison is alleged to have been derived. But this is not the case; the most malignant forms of diphtheria are not those in which the local symptoms are most considerable. The treatment adopted at the Hospital for Infancy also suggests to the authors another sagacious remark. Tracheotomy is very frequently resorted to in that institution; after the performance of the operation, when respiration has been re-established, the entire treatment consists in watching the condition of the pulmonary organs, and in supporting the patient. Very little further attention is wasted on the false membranes; they are never touched with any caustic, no local remedy is applied, and the confidence thus reposed in the efforts of nature has never been betrayed. Chloride of potash is, however, prescribed for a few days after the operation.

The previous remarks are adduced for the purpose of showing the inefficacy of cauterisation; it is further alleged to be a hazardous practice.

The application of muriatic acid has induced gangrene of the fauces, and Messrs. Blache and Guiet have related cases in which cauterisation was followed by fatal spasmodic contraction of the larynx. The method, moreover, is open to the objection of causing violent irritation, and of promptly and fatally exhausting the strength of the patient by determining energetic effort and temporary excitement of vital powers. When tracheotomy becomes necessary, the previous application of escharotics has another great disadvantage. The necessity of supporting the system is then universally acknowledged, and active cauterisation gives rise to an unconquerable aversion to food, and to considerable pain in deglutition. The children obstinately refuse to take nutriment, and if they have the good fortune to escape the perils of abstinence under these unfavourable circumstances, their recovery is materially retarded. Cauterisation with muriatic acid is especially injurious, and one of our unfortunate colleagues bore witness, before his death, to the tortures inflicted by the use of this agent.

Messrs. Fischer and Bricheteau's paper shows that the local remedies in croup and diphtheria should be selected from the class of astringent substances, and not from the list of escharotics. Chlorate of potash, alum, and tannin should be insufflated or prescribed in gargles. If necessary, a solution, containing one quarter of its weight of nitrate of silver, may be applied with a brush, but the lunar caustic, which imparts a greyish colour to the mucous membrane, and may prevent the surgeon from detecting genuine patches of diphtheria, should be cautiously avoided.

Inhalations of medicated and pulverised fluids may also be resorted to with benefit. The composition of such fluids may vary *ad infinitum*, and the system has the two-fold advantage of conveying the remedies directly into the respiratory passages, and as Mr. Barthez has observed, is a perfectly innocuous procedure, which interferes in no wise with tracheotomy, should the operation be indispensably required.

Wounds of the Penis and Urethra.—A treatise on *Military Surgery*, by Dr. Legouest, Professor of Clinical Surgery, at the Val de Grâce, is advertised by the publishers, J. B. Baillière and Son, to appear at the end of April. The eminent scientific attainments of the author induce us to augur most favourably of the book, and we are authorised even now to communicate to our readers a few pages on wounds of the penis and urethra, extracted from the proof-sheets.

Wounds of the Urethra.—In the region of the penis, the urethra is seldom exposed to wounds, except from the sword or bayonet, or by sharp instruments in attempts at mutilation. The lacerations of the canal, generally occupy the infra-pubic region, and are usually the consequence of falls on the perineum. Bullets may strike any portion of the duct, lay it open, or destroy its walls, inflicting at the same time more or less severe injury on the perineum.

The immediate danger of wounds of the urethra are dependent upon their vicinity to the neck of the bladder, and the probability of subsequent infiltrations of urine. When they occupy the spongy portion of the duct, no urgent peril need be apprehended, but stricture is frequently a secondary consequence.

Injuries of the urethra give rise to the discharge of blood from the aperture of the wound, and from the meatus. When, in contusions of the perineum, the urethra has been lacerated, without the production of any external wound, hæmorrhage first takes place from the meatus, but may promptly be checked by the swelling of the parts, and the blood being extravasated into the cellular tissue, forms tumours of variable size. The excretion of urine causes a burning pain along the canal, and in the wound, and urine mixed with blood escapes from the

(*a*) A pamphlet, 8vo, pp. 120. Adrien Delahaye, Paris.

meatus and from the accidental orifice, or from the meatus only—the wound being obstructed by inflammatory tumefaction. At first, micturition is readily accomplished, but soon becomes difficult or impossible. The introduction of a catheter may be impracticable, and when very great difficulty is experienced, the attempt should be abandoned and the surgeon should not incur the risk of establishing a false passage.

Incisions of the urethra in the perineum heal, in general, spontaneously, but transversal divisions of the duct in the region of the penis do not close with the same facility. Lacerations and ruptures of the duct present less danger than might *à priori* be supposed, and experience teaches that by the unaided efforts of nature a cure may sometimes be effected. Gun-shot wounds almost invariably entail a loss of substance, which, when extensive, seldom gives rise to infiltration, but heals with much difficulty, and often leaves a sinus, which in the spongy region may baffle the best directed efforts of the surgeon.

The symptoms arising from divisions of the urethra are, therefore, primary or secondary; the former consist in retention of urine, infiltration, and its consequences; the latter, in sinuses situated in the perineum or penis, and in traumatic strictures.

The first indication of treatment in wounds of the urethra is the introduction of a catheter, which should not be removed from the bladder; the object of this measure is to prevent retention of urine and infiltration, and to obviate the formation of stricture. The instrument, in India-rubber, should be as voluminous as possible.

The operation, however, may be absolutely impracticable, and, if the urine escapes freely through the wound or meatus, should be postponed for a few days, when the detachment of the eschars, the removal of the clots, and subsidence of the swelling, may allow of its performance. If retention supervenes, a flexible catheter should be inserted into the bladder through the wound, and the anterior extremity of the instrument be pushed forward into the spongy portion of the tube, so as to re-establish the duct in its integrity. Infiltration supervenes, when it has been impossible to introduce a sound, or when, on account of the relaxation of the neck of the bladder, the urine oozes between its walls and the parietes of the catheter; liberal incisions are then necessary, and through one of these the surgeon should endeavour to pass a tube into the urinary reservoir.

Foreign bodies, such as splinters of bone, originating from a fracture of the pelvis, may penetrate into the urethra. When their size is moderate, and their shape adapted to that of the duct, they may be expelled with the urine. Thus I have seen a fragment of a tortoise-shell pin, three inches in length, a flexible branch of fir, and a splinter of bone two inches long forced out of the passage. These substances, instead of passing through the meatus, may, however, find their way into the bladder; when they are retained in the duct, they interfere with the excretion, occasion dysuria, and inflammatory symptoms, and should be extracted. The most convenient instrument for the purpose is Hunter's forceps, which should be inserted into the meatus, down to the obstructing substance, so as to grasp its extremity. But when the size of the foreign body, or the swelling, prevent its removal in this manner, appropriate incisions should be performed, and it must be cautiously drawn out.

Wounds of the Penis.—Wounds of the penis are not very unfrequent, and may be inflicted by fire-arms, or by sharp instruments. . . .

Gun-shot wounds of the penis do not always induce a dangerous amount of hæmorrhage; whether the injury be deep or superficial, or whether the organ be entirely carried away, the attrition of the ruptured blood-vessels generally prevents any copious loss of blood. . . .

Bleeding from the corpus cavernosum sometimes ceases spontaneously; in the contrary case, the hæmorrhage may often be checked by a persevering recourse to cold and astringent lotions; when these remedies have proved unavailing, Dupuytren and Boyer recommend an India-rubber catheter to be placed in the urethra, and a tight linen roller to be applied round the penis.

This remedy is of difficult application, and I should be disposed to prefer the external use of the Liq. ferri sesquichloridi (at 30° Areom), diluted with equal parts of water, and if this agent proved inefficacious, the actual cautery would be another resource. If the hæmorrhage is supplied by the dorsalis artery or the artery of the corpus cavernosum, these should be secured, an operation of considerable difficulty, which, if impracticable, must be [illegible]ced by cauterisation.

Wounds of the corpus caverno[illegible]ld be united by the interrupted suture, bands of adh[illegible]ing insufficient for the purpose. The sutures [illegible]tionate in number to the extent of the injury, [illegible]addition to the skin, the fibrous structures of th[illegible]s inflicted by bullets must suppurate, and shou[illegible] the simplest manner. Whatever the extent of [illegible] the amount of the loss of substance, the removal [illegible] must on no account be completed. In one case, wi[illegible] Arlaud, the root of the penis was cut across, and the [illegible] was attached to the body but by the skin of the dorsal reg[illegible] and one half of the right corpus cavernosum, and yet cicatrisation was ultimately effected. Védrenne also succeeded in healing a complete section of the corpora cavernosa, and of the greater part of the circumference of the urethra, close to the pubes. The surgeons must not be misled by the dark ecchymotic patches which form here with the greatest facility, and might suggest the presence of mortification. Failure is the only risk incurred in the attempt to preserve as considerable a portion as possible of the organ of reproduction.

In extensive injuries of the penis, it is indispensably necessary to place a catheter permanently in the duct; if the urethra has escaped unsheathed, this measure will obviate obstruction from inflammatory swelling; if, on the contrary, the canal is interested, its continuity will thus be restored, urinous infiltration be obviated, and cicatrisation promoted. The introduction of the instrument should be proceeded with before any attempt is made to close the wound; it serves, moreover, as a support to the penis, and facilitates coaptation. The great tendency of the anterior part of the organ to rotate round its axis, whilst its posterior portion remains immovable, renders it desirable to apply several sutures, and to unite with each other structures of a similar character. A little cerate, and a few compresses, are the most appropriate dressing, and the catheter should be fixed as securely as possible to the suspensory bandage. When the penis has been entirely carried away, either by a projectile, or by an incision, the blood-vessels should be taken up, and the wound dressed with lint and a perforated compress, to admit of the passage of the catheter.

The process of cicatrisation is in general rapid, but may be retarded by the occurrence of erections, to obviate which preparations of camphor should be exhibited.

Efficacy of Tincture of Iodine in Urethritis.—Since the publication of Mr. Boinet's researches, tincture of iodine has been employed with much benefit in acute and chronic vaginitis, whether simple or virulent. This remedy is even preferred in Belgium to nitrate of silver, as milder in its action, and also more promptly efficacious. The physicians of Hospital Saint Pierre have, however, substituted in women, for the injections recommended by Mr. Boinet, another mode of treatment, which Mr. Oscar Max describes as follows in the *Presse Médicale Belge*:—

A small piece of cotton-wool is attached to a style sufficiently slender to be admitted into the urethra, and replaces with advantage the syringe commonly used for injections. The instrument is steeped into tincture of iodine, and inserted more or less far into the duct, according to the supposed seat of the inflammation, and may even, if necessary, be introduced down to the neck of the bladder. This procedure is equally efficacious in single and in chronic urethritis.

Encouraged by the success of the method in women, and anxious to preserve also male subjects from the sufferings consequent on injections and cauterisations with nitrate of silver, Mr. Max resorts in men to the same system, for the purpose of curing and suddenly checking the progress of acute inflammation of the urethra.

"In imitation of the practice adopted at Hospital Saint-

Pierre," says he, "I affix a piece of cotton-wool to the extremity of a common probe, impregnate the soft spongy texture with tincture of iodine, and gently insert it with one hand into the urethra, while with the other I keep open the lips of the meatus. The adjacent valvular folds should be carefully avoided, and the remedial agent conveyed to a depth of one inch at least, which is quite sufficient for all practical purposes, as in the incipient stage of urethritis the inflammatory action is generally confined to the fossa navicularis. It may possibly be objected that tincture of iodine being a fluid of invariable composition, the effects of the remedy cannot be increased or diminished at will, as those of the solution of nitrate of silver; that the treatment is the same in every instance, and that its activity cannot be modified according to the degree of severity of the disease. The objection, however, falls to the ground, when it is remembered that, according to the number of successive applications of the tincture to the surface of the skin, rubefaction, irritation, or vesication, may at will be induced, and that the surgeon is thus enabled to cause, according to circumstances, mild or powerful counter-irritation. The same remark applies to mucous membranes, with this difference—that these textures being more irritable than the skin, the same effects will follow a more superficial contact with the remedy."

Thus, Mr. Max inserts the probe but once in mild cases, and two, three, or even four times in more aggravated forms of urethritis. Deep or superficial modification of the condition of the diseased surface is produced, and the energy of the local medication is proportionate to the severity of the symptoms, which he conceives cannot be effected with the same accuracy when the solid lunar caustic is used.

Mr. Max is in possession of numerous cases, which bear witness to the efficacy of tincture of iodine as a substitute for nitrate of silver. Uncomplicated urethritis, acute or chronic, but occupying the fossa navicularis, has thus been cured by two or three applications of tincture of iodine. A fourth recourse to the remedy has seldom been required. Simple urethritis has been suddenly checked by one, and less frequently by two, applications, but chronic urethritis usually proves more obstinate. Mr Max remarks that he has resorted to the method in uncomplicated cases only. When chancre is present in the duct, or when the affection assumes the granular form, it would be imprudent to rely on the virtues of the tincture.

Efficacy of Permanganate of Potash in Obstinate Cases of Ozena.—We recently alluded (Art. 6407) to the disinfecting action of the solution of permanganate of potash, which is extensively used in England and in America, and has been imported into French practice by Mr. Démarquay. Sir Joseph Olliffe, physician to the British Embassy, informs us, in the *Gazette des Hopitaux*, that for several years he has tested the efficacy of a solution of this substance, for the removal of fœtor of the breath, and that he has found the remedy far superior in its effects to chlorate of potash.

Sir J. Olliffe raises no claim to priority of invention, but merely records the efficacy of the permanganate in a case of ozena which had baffled all previous efforts of treatment.

The patient was a young English lady, residing in a school in Paris; her breath was so offensive that her presence in the school-room had become intolerable to her companions. Her approach caused nausea, and in one instance severe vomiting was induced. Cauterisation, injections of every description, aperients, tonics, and bitters, had unavailingly been resorted to.

Aware of the remarkable disinfecting power of the permanganate of potash, Sir J. Olliffe performed several injections into the nares with a solution of this salt. After the first injection, all offensive odour disappeared for half-an-hour. The procedure was then repeated every three hours, and in the course of a week this distressing symptom was entirely removed, and the patient was enabled to remain in the school-room, to associate with the other pupils, and resume her intercourse with her companions. The treatment was persevered in for several weeks, the permanganate and chlorate of potash being alternately used both locally and internally. (*a*) The remedies were then discontinued, and during two months, at the conclusion of which the young lady returned to England, no tendency to a relapse was observed. Despite reiterated examination, the seat of the ozena escaped detection. No redness or ulceration of the mucous lining of the nares or soft palate were discovered and the nose, which in cases of this description, is generally more or less deformed, had preserved its natural aspect.

(*a*) The prescription was the following:—Potassæ permangan., gr. xxxvj.; Syr. flor. aurant, ℥iv.; Aq. destill, ℥vss.,—one tablespoonful to be taken thrice a day.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

LECTURES
ON DISEASES OF THE SKIN.

By George Ross, M.D.

(Continued from page 243.)

Subjects: The Gouty Constitution, Lichen, and Roseola; Cases from Willan and Bateman; the Scrofulous Constitution; Œdema and Impetigo; Treatment.

I must retrace my steps to throw new illustrations upon the relation of gout to cutaneous affections. The more I direct my mind to these constitutional relations of skin diseases, the more I am convinced of their importance, both pathologically and therapeutically. Our modern treatises are full of, what I may term, the morbid anatomy of cutaneous affections; their general pathology is nearly a dead letter. I have already said that I have searched in vain for explicit recitals of cases of eruptive disease in connection with gout; but having recently looked into Willan's book published in 1808, and finding there some evidence corroborative of my own views, I am anxious to reproduce it. There is a pleasure in reading old works in Medicine—a pleasure which is derived from the genuineness and freshness of the descriptions. Their authors saw what they delineated, and, instead of encumbering their recitals with every possible symptom and shade of variation, contented themselves with reporting the salient points and striking characters. The more literature encroaches upon observation, the greater the likelihood that a desire to be systematically comprehensive and verbally exact will supersede and overlie the specialty of natural facts.

In my first lecture I described an example of "lichen tuberculosus" associated with gout. The affection commenced with papules, sometimes single, sometimes grouped, which were very hot, and itched excessively. These papules were soon converted into tubercles about the size of split peas; and these tubercles were surrounded by a beautiful bright-red ring, about half an inch in diameter, the intervening space being natural in hue. "When three or four papules are grouped together, their areolæ are united, and form a circle of about an inch in diameter, the skin looking mottled." On the disappearance of the rings, the tubercles remained. I called this disease "lichen tuberculosus" on account of its origin in a papule, and the continuance of the characteristic tubercle.

Its annular character must not be overlooked; and it is interesting to know that so far as concerns this bright-red ring and the heat and itching of the eruption, Dr. Willan has described a similar malady which he has associated with the gouty constitution. He has described the disease under the name of "roseola annulata;" but as this term would embrace only the subordinate characters of the disease that came under my observation, it would be obviously imperfect. As respects the rings, his description corresponds so exactly with that given by me, that it is unnecessary to reproduce it. He remarks, "In two females I attended, this complaint was connected with an irregular state of the catamenia. In a man between forty and fifty years of age the eruption twice succeeded *to a severe fit of the gout*, and continued some weeks." He also reports a case that came under the observation of Dr. W. Currie, of Chester, who remarks upon it, "She is of a gouty family, and was some years ago subject to repeated and severe pains in the stomach and to violent headache; but these complaints do not seem to have been connected with the eruption." This conclusion is more than doubtful. We are glad, however, of the facts, and can draw our own inferences.

Bateman, also, in his "Practical Synopsis of Cutaneous Diseases," describes the case of a gouty patient who suffered also from roseola.

He says, "I lately attended a gentleman of gouty habit, in whom a roseola accompanied with considerable fever, and with extreme languor and depression of spirits, total loss of appetite, and torpid bowels, subsisted a week upon the lower extremities, and also upon the forehead and vertex of the scalp. On the seventh day the latter terminated by desquamation, and at midnight his knuckles and right foot were attacked with arthritic inflammation." So much for this disease. I find fault only with the title given to it. Roseola, at any rate, does not, in its simplicity, express the tuberculated character of the case presented to my observation. The rose rings, moreover, did not continue more than twenty-four hours, and were not observed by the patient until his attention was drawn to them by myself. Nevertheless, there can be no doubt that the two affections were produced by the same cause, and are germane in nature and character.

There is, I may add, a representation of this affection among Willan's coloured plates; but it bears only a remote resemblance to his own description, and as little to the affection that came under my notice. The sketch was probably drawn from memory, after the roseolar pattern, and spoiled by the engraver.

Eczema and Impetigo.—We may now resume our observations on the eczematous and impetiginous maladies as influenced by the gouty and scrofulous cachexias. Eczema and impetigo, it is well known, run one into another, so that there are cases which it is difficult to define, and which are known under a compromise of terms, as eczema impetiginodes, or impetigo eczematosus. Eczema is a more acute disease than impetigo; it more especially effects the sanguine temperament, whilst impetigo associates itself with the lymphatic. Rheumatic and gouty patients, therefore, throw out either lichen or eczema; strumous patients impetigo. These are broad distinctions. As a rule when eczema degenerates into impetigo we have an indication of constitutional struma.

The course is this: eczema first appears in the form of a minute transparent vesicle without an inflammatory base as in herpes, though sometimes attended with a slight redness. These vesicles usually burst, yielding a thin serum; then a pellicle forms on their apex, this on removal leaves a red surface, which heals promptly. This is the mild form; but the disease may not terminate in this way, the vesicles may be conglomerate and the acute stage severe; the discharge is then more copious; fresh vesicles succeed to the old ones, crusts form on the parts affected, and the skin chaps. At length, if the disease is about to get well, the discharge abates, the aspect of the disease becomes squamous, and ultimately the crusts separate, and a reddened surface shows the seat of the affection. This is ordinary eczema.

Sometimes the inflammation runs higher, the skin is hot and red over a considerable surface, the vesicles become confluent, and bursting, pour out an acrid discharge. The epidermis peels off as under ordinary vesication, scabs form, the skin excoriates, the subjacent tissue is more or less infiltrated, and a most painful and often obstinate malady is established. This is eczema rubrum.

Now these forms of disease sometimes occur in rheumatic or gouty patients; they may be called forth also by local and constitutional causes, to which I shall not, at present, further advert.

When, however, an eczema attacks a scrofulous person, and it runs beyond the first stage, the course is different. The vesicles become quasi-pustular, and when they burst a thick, greenish-yellow, lamellar scab covers the patch. The acute stage is soon replaced by what should be called the exudative stage, which is characterised by the abundant effusion of a semi-purulent fluid, having a faint ill odour. Remove the scabs and the derma is red and often fissured. The abatement of the discharge is the first step towards a cure. Pustules generally appear on various parts of the body in this form of the disease, and the evidences of constitutional debility are very manifest. This is eczema impetiginodes, or impetigo. Its principal sites in scrofulous children are the scalp and face; it is often chronic and rebellious to ordinary treatment.

Treatment.—There are various opinions, even among the first practitioners about the nature and treatment of eczema. Hebra, for example, (*a*) says that the treatment in this, as in most other diseases of the skin, "should be purely local," though he saves his judgment from censure by assuming that there are some inveterate cases that depend upon a dyscrasia or upon internal maladies. Holding these views, Hebra is famous for his recipes, as our literature sufficiently attests. All his active resources, however, are well known to us, and we are familiar with their virtues. It is needless to say that I do not agree with this general proposition in all its breadth. I am quite sure it is a mistake;—a mistake that has arisen from a false conception of what is meant by a "cure." It is quite true that numberless simple cases of eczema will get well naturally—that is to say, will break out, discharge, dessicate, and heal in the ordinary course like many more important diseases, and Hebra or any other practitioner may register them as "cures." There are numberless other cases, too, that require very simple treatment in aid of Nature's efforts—*e.g.*, a mild aperient, and the local application of oxide of zinc ointment, dusting with starch, or even irrigation with cold water.

When a disease becomes chronic, however, it is absolutely necessary to attend to the general health, and, although direct medication may not be resorted to, yet it is hard to believe that Hebra would fail to put his patient upon such a diet and regimen as might be calculated to correct, in the course of time, abnormal actions, and to energise the vital powers. I can hardly suppose that Hebra is unmindful of these resources; and, if he be not, it may be fairly questioned whether many of his cures may not be due rather to the improved health of his patients than to his topical applications.

In eczema impetiginodes and impetigo, in its more definitely expressed forms, there cannot be a doubt that alterative and tonic remedies are necessary. The disease, although apparently cured (that is to say, the skin cleansed), will recur again and again unless the system be well nourished, and such remedies as quinine, iron, and cod-liver oil resorted to, which, experience tells us, are especially adapted to this class of cases.

As topical remedies, I have found lotions composed of the hyposulphite of soda or of the biborate soda with glycerine exert a most beneficial effect. The ointment of the oxide of zinc is also most useful, in combination or not, with a proportion of the old-fashioned but valuable nitrate of mercury ointment. If the irritation be great, a poultice of bread, bran, or linseed meal will give ease, and, if the disease affect the scalp, will have the beneficial effect of removing the scabs, and enabling you to apply your remedies directly to the seat of mischief. Let the hair be cut close in these cases. It is better on the ground of cleanliness, apart from the facilities of cure which it presents. The scalp will usually bear and require a more stimulating application than the face. If the disease be attended with much pruritus, and be of a squamous character, the cade oil or juniper tar ointment is a most valuable application. Among stimulants and detergents in chronic cases where the discharge is copious, an ointment prepared either with calomel or the ammonio-chloride of mercury is very useful. All these resources, however, should be accompanied with internal remedies to keep the secretions in order and invigorate the health, and, these matters being attended to, every case of this kind may be cured.

(To be continued.)

(*a*) Medical Circular, Sept. 4, 1861, p. 171.

ON THE SYMPTOMS, PATHOLOGY, AND TREATMENT OF DISEASES OF THE HEART.

By Robert Hunter Semple, M.D.

Member of the Royal College of Physicians of London, Senior Physician to the St. Pancras and Northern Dispensary, Physician to the Standard Life Assurance Office.

Andral, in editing the fourth edition of Laennec's 'Traité de l'Auscultation Médiate et des Maladies des Poumons et du Cœur,' in the year 1837, writes in a note: "In spite of many laborious researches, the history of the diseases of the heart is far from being yet finished; it still presents a great many doubts to be removed, and many gaps to be filled up, and the time is not yet arrived when the diagnosis of these diseases can be regarded as being as easy and certain as that of the diseases of the lungs. Still the continual progress which has been made from the time of Lancisi to that of Laennec, and from the latter to M. Bouillaud, must inspire us with hope for the future."

It is quite true that the whole history of the diseases of the heart is not yet completed, and that many of them are still enveloped in a certain amount of obscurity, but it may be truly alleged that their diagnosis is now quite as easy and certain as that of the lungs. Andral, while he attributes much credit to the labours of Bouillaud, does very little justice to the English investigators of these diseases, especially Hope and Williams, although their researches were made before the period when Andral wrote. In fact, the elaborate and conclusive experiments made by Dr. Williams and Dr. Hope, by the Dublin Committee in 1835, and by the London Committee in 1836, on the causes of the sounds of the heart, have thrown a complete flood of light upon the diseases of this organ, and have almost cast into the shade the brilliant investigations of Laennec himself, who, while he explained very clearly the auscultatory phenomena of the rest of the chest, left the præcordiol region for the most part to the labours of subsequent explorers. Although he explained the nature of the sounds of the heart, he made no attempt to investigate their cause, and while to him is due the discovery of the abnormal cardiac sounds or murmurs (*bruit de soufflet, bruit de râpe*), he was unable to account for their existence except upon the supposition that they denoted a spasm of the heart. "It appears to me," he says, "that the positive and negative facts which I have just adduced, all tend to prove that the *bruit de soufflet* is produced by a simple spasm, and does not indicate any organic lesion of the heart or arteries." (*a*) He was, however, very near the valvular origin of

a) 'Traité de l'Auscultation Médiate,' vol. iii., page 84. 1837.

the murmurs, when he states that "the *bruit de soufflet* exists pretty constantly in the heart of persons who are affected with narrowing of the orifices of this organ;" but he goes on somewhat erroneously to state that "it is also pretty frequently met with in persons affected with hypertrophy or dilatation; but it is found still more frequently, as well in the heart as in the arteries of persons who have no lesion of these organs, and who are attacked by very different affections" (*a*)

The progress made in the investigation of cardiac diseases in the present day is still more strikingly displayed by the perusal of the single short chapter devoted by Laennec to the treatment of the organic affections of the heart. "Of all the organic affections of the heart," he writes, "simple hypertrophy or combined with dilatation appears to me the most susceptible of cure. . . . By applying courageously and perseveringly to the treatment of hypertrophy the method advised by Valsalva and Albertini for aneurism of the arteries, we may promise to ourselves much more frequent and complete success, especially if we begin to employ it at a period when the disease has not yet produced serious general symptoms. . . . This treatment ought to be pursued in an energetic manner, especially at first. . . . We must begin, therefore, by bleeding the patient as copiously as he can bear without fainting, and the bleeding must be repeated every two, four, or eight days, at the latest, until the palpitations have ceased, and the heart no longer gives more than a moderate impulse under the stethoscope." (*b*)

He goes on to advise that the patient must reduce his diet by at least one-half, and *after about two months of bleeding and low diet*, if he no longer suffers from palpitation, or presents a strong cardiac impulse, then the bleeding may be practised at more distant intervals, and the severity of the regimen may be in some measure relaxed. But he adds that the same measures must be resorted to, and with equal rigor, if the impulse of the heart should afterwards increase.

I can perfectly well recollect seeing cases in France where this vigorous antiphlogistic treatment was resorted to where there was supposed disease of the heart, but where none really existed. The bleedings and the low diet increased the palpitations, and the necessity for more bleedings seemed to the followers of Laennec to be apparent. In the cases which I saw, the patients survived the treatment, but who shall say how many have sunk under it?

Dr. Hope, whose classical 'Treatise on Diseases of the Heart' has been of invaluable service to the progress of cardiac pathology, very properly condemns the treatment recommended by Laennec, although he admits that he has invariably found the greatest benefit to be derived in the early stages of hypertrophy, from sparing abstractions of blood at intervals of two or three weeks or more. "I have constantly noticed," he writes, "that when from the severity of the dyspnœa and palpitation in the advanced stages of the complaint, the practitioner was induced, or thought himself compelled to resort to frequent bleedings at short intervals, the patient, though perhaps temporarily relieved, progressively declined from that moment, dropsy increasing, and the paroxysms recurring more frequently and with greater violence, until they eventually terminated in his destruction." (*c*) Dr. Hope's plan of treating hypertrophy of the heart consisted in the abstraction of four, six, or eight ounces of blood every two, three, four, or six weeks, according to the age and strength of the patient, so as merely to keep down palpitation, dyspnœa, and strong impulse of the heart.

But while Dr. Hope recommends the cautious abstraction of blood in hypertrophy of the heart, he is by no means sparing of this mode of depletion in the acute affections of that organ. In the treatment of acute pericarditis and endocarditis, he advises that the antiphlogistic treatment, in as energetic a form as circumstances will allow, should be employed with the utmost promptitude. If the attack is recent and the patient's strength will admit, blood should, in the first place, be drawn freely from a large incision in the arm of the patient in the erect position, so as to bring him to the verge of syncope. From five-and-twenty to forty leeches, according to the strength, should then be applied to the præcordial region as soon as the faintness from the venesection disappears and reaction commences. "Unless, too, the pain be completely subdued by these measures, the leeching, and in some cases the general bleeding also, may be repeated two, three, or more times, according to the strength, at intervals of from eight to twelve hours; or what is a better rule, as soon as the pulse and action of the heart denote a commencement of re-action. It is not, however, in every case," continues Dr. Hope, "that so active a treatment is required. I have seen a single, prompt, and abundant application of leeches, or a cupping, at once subdue every formidable symptom." (*d*)

But subsequent experience, as I shall presently show, proves that these doctrines of Dr. Hope are, by no means, to be acted upon in the present day.

(To be continued.)

(*a*) *Op. cit.*, p. 92.
(*b*) *Op. cit.* p. 477.
(*c*) 'Treatise on Diseases of the Heart. Third edition, 1839, p. 283.
(*d*) *Op. cit.* p. 184.

SCIENTIFIC ARTICLES.

ON TOBACCO; IN ITS RELATION TO THE HEALTH OF INDIVIDUALS AND COMMUNITIES

By Dr. W. B. Richardson.

The presence of the ammonia in the smoke of tobacco gives to the smoke an alkaline reaction. This may be proved by using a slip of paper that has been saturated with litmus, and afterwards reddened by exposure to an acid: the reddened litmus, having first been moistened with water, has only to be exposed to the smoke issuing from a pipe, when the red colour will disappear and the paper will return to the original colour given to it by the litmus, blue. The ammonia of tobacco-smoke plays a very important part; it is the ammonia that bites the tongue after long smoking; it is the ammonia that makes the tongue and throat of the smoker so dry, and induces him to quaff as he smokes, and that excites the salivary glands to secrete so freely. The ammonia also exerts an influence on the blood, of which more will be said in its proper place.

Fourthly. *Carbonic acid* is always present in the smoke of tobacco. This may be shown by dipping the bowl of a pipe holding burning tobacco, for a few seconds, in a long bottle containing a little fresh lime-water. After the space in the bottle above the water is charged with smoke, withdraw the bowl, insert the stopper of the bottle, and shake the lime-water briskly, so as to bring it into contact with the vapour. The lime-water will now become of milky whiteness, owing to the formation of corbonate of lime. In this experiment, the tobacco smoke must not be driven by the breath into the lime-water; for that would vitiate the result, as the breath contains carbonic acid. The amount of carbonic acid produced by the combustion of various specimens of tobacco differs so greatly that it is difficult to estimate the general effect of the acid; the inference, nevertheless, is fair that the sleepiness which follows on the prolonged inhalation of tobacco-fumes, as well as the headache and lassitude, are largely due to this agent, which in so small a proportion as five per cent. in the air inspired produces the same symptoms.

Fifthly. There is yielded from tobacco smoke *a product having an oily appearance.* This substance is only partially condensable by exposure to a freezing mixture; it is also absorbed by water only in a small degree; but it appears to be all fixed by sulphuric acid, to which it imparts a dark colour. The colour of the oily product itself differs in shade according to the tobacco from which it is derived, but in a general way it has the colour of common olive oil: it constituted the substance called by Vauquelin "*nicotine.*" The substance, on examination, is however found to be a compound body; and the term nicotine is now not applied to it in the manner suggested by the chemist named above. The "oil" derived from the tobacco by condensation, possesses poisonous properties. Sufficient of it may be obtained from a common Havannah cigar, weighing 63 grains, to excite poisonous, but not fatal symptoms in a rabbit. On the administration of the substance, the animal within two minutes is seized with tremors, partial insensibility, and paralysis, especially of the hinder limbs; but the symptoms pass off with great rapidity: they subside usually in from three to four minutes, leaving the animal apparently uninjured.

The "oil" (so called) derived from tobacco-smoke by condensation, yields, on further analysis, evidence of the presence of three bodies, viz., a fluid alkaloidal body called *nicotine;* a *volatile substance* having an empyreumatic odour, and an *extract* of a dark resinous character having a bitter taste. Respecting the properties of these, it may be briefly stated that symptoms of tremor, palpitation, and paralysis, after smoking seem to depend on the nicotine; the peculiar smell of stale tobacco-smoke, which hangs so long on the breath of the smoker and on articles of clothing, is derived from the volatile empyreumatic substance; and the exceedingly nauseous sharp taste which is recognised by every unpractised smoker when he takes a foul pipe into his mouth, is due to the bitter extract. It is, I believe, this extract which creates vomiting in persons unaccustomed to tobacco, and of which the body after a time becomes tolerant.

Thus, for the production of the effects caused by tobacco on the human body, there are many and different substances: in other words, the smoke of tobacco being compound, the symptoms it produces are also compound. It has been the custom, however, in the present time, to consider the alkaloid *nicotine* as the author, one and indivisible, of the smoker's pleasures and pains. The hypothesis is utterly groundless: *nicotine,* although one of the most potent substances, is the last, owing to the smallness of its amount and its little volatility, to exert effects on the smoker. It is only, in fact, after prolonged smoking that it reaches the blood at all: then truly it becomes the most active poison of the group, exciting symptoms which are at all times dangerous, sometimes fatal, and which, but for the rarity of their occurrence, would have excluded tobacco as a luxury at its first origin, without any aid from the moral crusaders against the weed.—'Social Science Review.

THE MEDICAL CIRCULAR.

WEDNESDAY, MAY 20, 1863.

THE FORTHCOMING MEETING OF THE MEDICAL COUNCIL.

The approaching Assembly of the General Council of Medical Education and Registration of the United Kingdom, on Monday next, the 25th inst., scarcely excites the interest which might be expected among the members of the Medical Profession. This apathetic indifference to the movements of the Medical Parliament arises in a great measure from the feeling of disappointment generally felt at the shortcomings of the Medical Act, and at the small amount of practical work hitherto achieved by the Medical Council.

We are, indeed, reminded of the story of the mountain in labour and the appearance of the mouse, when we reflect upon the throes and the agonies, the long-suffering and the disappointment, the hopes deferred, and the hearts made sick, of our Medical Reformers through a weary series of years, while the great scheme was in process of development, as compared with the birth of the expected progeny and the first struggles of its infant career. Never, perhaps, was a more diminutive infant ushered into this breathing world, nor a more helpless being exposed to the disappointed gaze of its friends and the ridicule of its enemies.

But dropping all metaphor, the general disappointment was not to be wondered at. The whole of the vigorous efforts made by the Medical Reformers was directed in favour of a most liberal franchise to the Profession, and in opposition to the supposed selfish and interested views of the Medical Corporations. The latter did not desire any Reform at all, or at any rate they wished only for a Reform of their own adoption, the result of which would be to give them more authority or more emoluments than they already possessed. Without entering into needless particulars, we may mention that the Universities were arrayed against the Colleges, the Colleges of Surgeons against the Colleges of Physicians, the Colleges of Physicians against the Surgeons and the Apothecaries, the Universities against one another, and the Fellows of one College arrayed against the members of the same College; while all the Universities, Colleges, and Halls, were supposed to be inimical to the interests of the general body of the Medical Profession, who had very little connexion with any of them except in administering to their support by the contribution of fees. Successive Governments had listened to the various proposed plans of Medical Reform, and had in turns abandoned them all in despair as being impracticable, when a lucky concurrence of circumstances enabled the then existing Administrations, and the Legislature to get rid of the question altogether, and to leave the Corporations to fight the battle among them, while the mass of the Profession were abandoned as before to their own devices and allowed to take care of themselves.

The Whig Government had been replaced by a Conservative one under Lord Derby, and Mr. Walpole, the then Secretary of State for the Home Department, conceived the happy idea of settling the Medical question by a *coup de main*, and effectually laying the ghost of Medical Reform which had been haunting the Houses of Lords and Commons for so many years. This idea was nothing more nor less than the fusion of all the discordant elements of Medical life into a common crucible, and leaving the results to the chapter of accidents. Universities, Colleges, and Halls were all huddled together pell-mell into the cauldron, the only care taken being that the quacks and the homœopathists (the two being perhaps convertible terms) should be duly protected, inasmuch as they possessed influential advocates on both sides of politics, and among the most aristocratic and even some royal personages in the country.

If such a measure had been proposed by the Whigs, it would have certainly been resisted by the Conservatives, who are the sworn friends of the Corporations, but inasmuch as it was brought forward by the Tory Government, it was considered by the Whigs as too insignificant for a party question, and moreover the Whigs themselves were utterly tired of the whole subject, as being one from which they could derive no political capital; and, therefore, the quacks and the homœopathists being duly protected, and the Corporations being all flattered by turns and put upon an apparent equality, both Whigs and Tories passed the bill through both Houses with almost miraculous celerity, and no doubt congratulated themselves upon getting rid, for an indefinite period, of so troublesome a question.

Under the operation of such a scheme, the constitution of the Medical Council may readily be conceived. The principle of representation was indeed accorded, but like the predictions of the witches in Macbeth, it "kept the word of promise to "the ear, and broke it to the hope." Instead of the broad basis of representation which was ardently expected, the delegates were chosen upon the most narrow and exclusive principles; the Universities, Colleges and Halls confined their elections within the most restricted boundaries, and the few representatives who were hypothetically supposed to antagonize the influence of the Corporations, were the mere nominees of the Crown. Thus the general mass of the Profession was entirely betrayed, and left without any representation at all, while the Corporations were apparently continued in full possession of all their rights and privileges, and the quacks, and homœpathists, and hydropathists, and mesmerists, *et hoc genus omne*, obtained privileges and immunities which they never possessed before.

Happy as Mr. Walpole's idea was of blending together the conflicting elements of the Medical Corporations, it is almost ludicrous to contemplate the results, and we can compare them to few things more aptly than to the heterogeneous association, which we occasionally see exhibited in the streets, of animals of the most contradictory natures and dispositions, such as cats and dogs, ferrets and rats, confined together in the same cage. Like the characters in one of the scenes of Sheridan's Critic, they all have their weapons pointed against one other, but while in mutual juxta-position they are all afraid to strike, for fear of the consequences which may possibly ensue to each individual.

But, perhaps, a more dignified analogy may be drawn between the struggles of the contending elements in the Medical Council, and the contention of the winds in the cave of Æolus, as described by Virgil in his first Æneid. If we imagine the respected President of the Medical Council to represent Æolus, and his refractory subordinates to typify the winds, the resemblance will at once be apparent, the scene being of course the College of Physicians in Pall-mall:—

"Hic vasto rex Æolus antro
Luctantes ventos tempestatesque sonoras
Imperio premit, ac vinclis et carcere frœnat.
Illi indignantes, magno cum murmure montis,
Circum claustra fremunt. Celsâ sedet Æolus arce,
Sceptra tenens; mollitque animos et tempera tiras.
Ni faciat, maria ac terras cœlumque profundum
Quippe ferant rapidi secum, verrantque perauras."

It is possible that the indisposition of the Medical Council to exhibit their contentions to the gaze of the vulgar crowd may account for the exclusion of reporters from their meetings. However this may be, we may entertain a hope that as the fusion of different metals often results in the production of some useful alloy, so that the admixture of conflicting elements in this happy family may, perhaps, eventually result in some measures of general advantage to the Medical community.

THE QUESTION OF RE-VACCINATION.

We have received numerous inquiries as to the expediency or necessity of re-vaccination, the question being a very important one both to Medical practitioners and to the public at large. The answer must be dictated by the results of experience and the nature of the present prevailing epidemic. We believe it to be undoubted that vaccination, although a most valuable prophylactic against the infection of small-pox, retains its protective influence only for a limited period, and hence those persons are the most protected who have been most recently vaccinated. From numerous investigations which we have made, we find that there is at present a remarkable aptitude in children and others to receive the vaccine infection, whether they have been vaccinated or not, the difference being, however, that in those who have been previously vaccinated, the characteristic vaccine vesicle does not pass through all its stages, but, after producing considerable general and local irritation, the vesicles become abortive and fade away. But that which takes place upon a small scale with vaccination, would most probably take place in a more severe degree, if the individuals were exposed to small-pox contagion—that is to say, there would be great depression and other early signs of fever in the preliminary stage, and the small-pox eruption would be attended with violent febrile symptoms, although the pustule would not pass through all its stages. An attack of modified small-pox is by no means a trifling matter, and we believe that a second vaccination would guard against such a contingency. All the nurses at the Small-pox Hospital at Highgate, are vaccinated on their entrance into the Hospital, and they have never been attacked with small-pox, modified or unmodified. It is, therefore, our advice that the practice of re-vaccination should be generally adopted.

Another question, however, arises in relation to the performance of re-vaccination by the parochial vaccinators. The Act of Parliament, we believe, allows no payment to be made unless for first and successful vaccination, and hence the practice is virtually discouraged, for the labourer is worthy of his hire, and the operation entails as much trouble as the primary vaccination, and has the further disadvantage of wasting the lymph, for there can be very little question that re-vaccinated cases do not afford proper sources of fresh supply. These questions have hitherto attracted no notice from any of our contemporaries, but we believe that they are worthy of the most serious attention at the present moment, and we therefore press the investigation of them upon all whom they may concern.

SUMMARY OF THE WEEK.

PREVALENCE OF SMALL-POX.

This disease still continues to prevail, not only in the metropolis but in the provinces, and the deaths in the week before last in London rose to 71. The report that the malady had broken out among the Household Troops is partially correct, a few privates in one of the Royal Regiments having been attacked, and we understand that vaccination and re-vaccination have been extensively practised among the men. Local Reports from various points prove the general, although erratic and apparently capricious spread of the disease. In the aristocratic region of Belgravia it appears to be rather prevalent, and to have lately been on the increase, for in November of last year 8 cases were reported, in January, 6, in February, 6, while in March of this year there were 46 cases, and in April, 41. These are exclusive of private cases. In the City of London the epidemic has not been severe, but this portion of the capital was visited in 1860, when there were 223 cases and 62 deaths. It is also reported by Dr. Letheby, that in 1860, vaccination was very general, so that the citizens may be considered at present to be very fairly protected. Paddington seems to have escaped the epidemic in a great measure, only seven deaths having been recorded this year in a population of 83,000, but in Westminster 20 deaths from small-pox were reported in the month of April alone, and of these 18 had not been vaccinated. The local authorities are still very tardy in providing accommodation for the cases, and in isolating them; we hear, indeed, of wards being fitted up in the workhouses, but this plan is utterly reprehensible, and no measure short of erecting detached buildings in the outskirts of London can be satisfactory in a sanitary point of view.

RESIGNATION OF DR. DAY.

Our readers will learn with regret that, owing to ill health, Dr. Day has resigned the Professorship of Anatomy and Medicine at the University of St. Andrew's. He succeeded to the appointment some fourteen years ago, on the death of the accomplished anatomist and physiologist, Dr. John Reid, and during this long period Dr. Day has upheld the dignity of the Medical department of the ancient University, and has secured the good-will and esteem of all who have become acquainted with him. To Dr. Reid and Dr. Day, the utmost praise is due for raising the standard of the St. Andrew's Medical Degrees in Professional and public estimation, and it will be a matter of regret that these degrees will henceforth be conferred only to a very limited extent. Dr. Day will carry with him into retirement the good wishes of hundreds of his Professional brethren, and especially of the Medical graduates of St. Andrew's, who are now dispersed over every quarter of the globe.

RESTORATION OF A PUTREFIED DEAD BODY TO ITS NATURAL APPEARANCE.

Dr. Richardson has lately made a successful attempt to restore the natural appearance of a putrefied dead body, with a view to prove its identity. The body was supposed to be that of the man who murdered an unfortunate woman in a low lodging-house in St. Giles's. The process consisted in immersing the body for two hours in a salt water bath, to which a little hydrochloric acid was added; the face was then treated with chlorine, and finally a solution of chlorine and chloride of zinc, with a little sesquichloride of iron, was injected through the carotids into the tissues of the face. By these means the dark colour of the countenance was removed and the features were so far restored that witnesses were able to state that the deceased was *not* the suspected murderer.

THE PERSECUTION OF MR. ADAMS.

The real nature of the persecution to which Mr. Adams has been subjected, is now developed in its true light, and if there

ever was in the mind of any one a lingering doubt that he was in the least degree culpable in the late transactions, that doubt must now be removed. It is stated, in a letter written to the 'Lancet,' by Messrs. Wild and Barber, Mr. Adams's solicitors, that Miss Russell actually obtained board and lodging from a poor, hardworking, carpenter, by the representation that she was engaged to be married to Mr. Pike, the well-known solicitor of the Royal Medical College! Miss Russell has made her appearance in the Bankruptcy Court, and her conduct has been severely commented upon by the Commissioner, who in remanding the case, remarked that, at any rate, Miss Russell *could not sue him!* No, indeed, it is only the Medical men who are the subjects of these nefarious tricks, for out of the numerous alleged suitors for the hand of Miss Russell, Mr. Adams was the only victim selected, because he was probably thought to be the person possessed of most money. We are happy to find that the sympathy for Mr. Adams is universal, and that his subscription list is rapidly extending in all directions. It is really shameful that he should have to pay the enormous costs and other expenses incurred in the late trial, and it is the duty of us all to rally round him as an injured and persecuted man, who is perfectly innocent of any charge ever made against him.

REVIEW OF THE PERIODICALS.

'The Lancet.'

Professor Huxley continues his lectures on the "Structure and Development of the Vertebrate Skeleton," his present lecture being devoted to the skull of the cartilaginous fishes, the structure of which he compares to that of the osseous fishes. Dr. Charles Bland Radcliffe continues his lectures on certain "Disorders of the Brain and Nervous System," selecting for his present topics, convulsion, tremor, spasm, certain forms of paralysis, and pain. In treating of convulsion, he shews that this condition is associated with, or caused by, want of power; that the epileptic and epileptiform paroxysm is sometimes preceded by signs of defective respiration, and is usually accompanied by a state of unmistakeable suffocation, as is shown by the black, livid, and bloated head and neck; and that in the chronic forms of convulsive disorder the interparoxysmal condition is usually marked by evident signs of a feeble circulation. Dr. Radcliffe also considers that the elevation of the pulse in the fully developed epileptic paroxysm is caused by the arteries labouring under a load of black instead of red blood, a fact which seems to be proved by the results of some experiments on the lower animals. Mr. W. S. Savory continues the relation of his experiments on the "Relative Rate of Absorption from the Stomach and Rectum," and he concludes that in the case of no single substance which he has employed has the advantage of the stomach over the rectum appeared to be as great, or even nearly so, as it is generally believed to be. In the case of strychnia, however, in the solid form, the poison acts more rapidly when introduced into the stomach than into the rectum, no doubt owing to the solvent action of the gastric juice. Dr. B. W. Richardson gives an account of an attempt to restore to its natural appearance a putrefied dead body, in order to prove its identity. We shall allude to this subject in another part of our Journal. Dr. Habershon continues his paper on "Idiopathic Anæmia," recommending in such cases nutrient and stimulating food, with the preparations of iron. Quinine is sometimes added with advantage, and if necessary, aloetic purgatives or the extract of nuxvomica in small doses. Irritability of the stomach, which is a common symptom, may be sometimes checked by ice, bismuth, soda, chloric ether, minute doses of morphia and hydrocyanic acid, lime-water, the effervescent alines, and carbonic acid.

The 'Medical Times and Gazette.'

Professor Huxley continues his lectures on "Classification," and on the characters of the principal groups of the animal kingdom. He now rapidly descends the scale, passing from the mollusca, through the cœlenterata to the infusoria and the protozoa. Mr. J. Soelberg Wells communicates a paper on the effects of the "Solution of the Calabar Bean on the accommodation of the Eye and on the Pupil." This bean possesses the peculiar property of stimulating the sphincter pupillæ and the ciliary muscle to contraction, and is thus antagonistic to the action of atropine. He narrates a case in which there was paralysis of the circular fibres of the iris, and of the ciliary muscle of the right eye, the sight of that eye being affected, and the patient (a woman) not being able to see to read or thread a needle when both eyes were open; she was also troubled with diplopia. Under the use of the solution of the Calabar bean, the paralyzed pupil became contracted, and the sight was rapidly improved. Mr. R. B. Carter contributes a short paper on "Iridectomy in Destructive Ulceration of the Cornea." He performed this operation upon a labouring man who had injured his eye by accident, and had a large ulcer on the cornea. The result was successful as the ulcer healed and the man's sight was restored. Dr. John Cockle commences a paper on "Aneurismal Tumours involving the Neck," and relates a fatal case of aneurism of the neck in a patient at the Royal Free Hospital.

'The British Medical Journal.'

Dr. George Budd continues his remarks on the present prevalence of small-pox. In alluding to the former practice of inoculation, he observes that this method of inducing small-pox was about a hundred times less fatal than small-pox taken in the natural way; yet the mortality from small-pox was not diminished, because the inoculated cases became sources of infection. In the inoculated cases there was a two-fold development of the small-pox pustule, for the single pustule ran its course, and on the seventh or eighth day, the regular symptoms and eruption of small-pox began and ran their regular, although milder, course. But cow-pox prevents future small-pox as effectually as small-pox itself does, and therefore if vaccination is practised even after the infection of small-pox has been received, the severity of this latter disease will be mitigated. Mr. Thomas Bryant continues his "Lettsomian Lectures on the Diseases of Children," and now treats of Nævus, the *subcutaneous* form of which is best treated by subcutaneous ligature, but in the *mixed* variety, excision of the growth is be recommended when it is practicable. Mr. Bryant prefers the use of setons in cases of diffused nævus, and unless the growth is very large, one or two setons are sufficient. Dr. Edward Meryon contributes some "Pathological and Practical Researches on Various forms of Paralysis," his present paper being devoted to an anatomical description of the spinal cord and the medulla oblongata. Dr. James Russell gives a note on the "Laryngoscope," and he shews that the use of this instrument was of great service in making the diagnosis of two cases brought into the General Hospital at Birmingham. One was a case of subacute laryngitis, in which the appearances of inflammation were rendered visible by the laryngoscope: the other was a case simulating laryngitis, but really dependent upon old cardiac disease, and, in this instance, no appearances of inflammation could be detected. In a third case, mentioned by Dr. Russell, where the patient presented the symptoms of chronic laryngitis, with aphonia, a polypus was found attached to the front of the larynx and partly to the right false vocal cord.

'The American Medical Times.'

Dr. J. King Merritt makes some remarks on "Some Mummied Heads taken from the Jivaro Indians of Ecuador," with an account of the various modes of embalmment. These heads are very small, the size of the entire head and face being about equal to that of

the medium fist of a man. Dr. JOHN H. PACKARD describes a simplified apparatus for the Radical cure of Varicocele, consisting of a needle, a fine annealed iron wire, and a piece of sheet lead. The enlarged veins are inclosed between two double wires, and are constricted. Mr. DEWITT C. PETERS relates two cases in Military Surgery, one being an instance of hypertrophy of the mammary gland in a soldier, and the other, an extensive gun-shot wound of the right lung, ending in recovery. Dr. B. Z. MILES reports a case of "Erysipelas of the Throat, Fauces, and Tongue," threatening suffocation, but resulting in recovery by the stimulating treatment. No iron was employed, but whisky was given, with saline aperients.

REVIEW OF BOOKS.

Transactions of the Obstetrical Society of London. Vol. IV. for the year 1862. pp. 338. 1863.

The present volume contains a list of the Officers and Fellows of the Obstetrical Society, a selection of the papers read at the ordinary meetings, with an abstract of the subsequent discussions, an index of contents, and a catalogue of the books in the Library of the Society. The Society appears to be in a very flourishing condition, for in the Annual Report in 1862 the total number of members was announced to be 482, all the preliminary expenses incidental to the establishment of the Society were paid, and the Treasurer had a balance of nearly 500*l.* ready for investment. The number of the members and the amount of the balance are probably greater at present. The volume is very well got up, and is illustrated by eight well-executed plates, besides woodcuts.

The contents are of a very interesting and diversified character, and constitute a fair synopsis of the progress of British Obstetric Medicine during last year. The papers are, in general, short and practical, and are very numerous, while the discussions are so judiciously abbreviated as to convey the general sentiments of the speakers without the wordy digressions which sometimes characterise scientific discussions.

We cannot undertake an analysis of the papers in the limited space at our command, but we may, in the first instance state generally that most of the subjects which engage the attention of obstetricians are carefully discussed, while a great number of isolated and, as it were, aberrant facts are recorded by trustworthy observers. Among the latter may be mentioned a case of acephalo-cyclopean monstrosity recorded by Mr. Robert Hardey, in which the child had no head or nose, and a single eye with two pupils; another case of monstrosity, recorded by Dr. Alfred Meadows, in which the child (which lived for about three-quarters of an hour) had the lower extremities blended together into a kind of tail, with the absence of all urinary apparatus; a case in which air was expelled from the vagina, carefully recorded by Dr. George Harley; a case et double uterus, with simultaneous gestation, by Mr. Henry Grace, in which there were two distinct era uteri and two children, one of which was born alive and lived for a few hours; a case of twin abortion exhibited by Dr. Langmore, and reported upon by Dr. Harley and Dr. Tanner, in which it appeared that the fœtuses were of different ages, and were probably instances of that rare occurrence, superfœtation; and a case of protracted retention of a blighted ovum, recorded by Dr. Uvedale West, in which the ovum appears to have died at the period of quickening, but to have been retained until the completion of the full period of pregnancy.

The important subject of ovariotomy receives a due share of prominence. Mr. Baker Brown offers some practical observations on the preliminary measures to be adopted in this operation, and on the performance of the operation itself. He prefers the recumbent to the sitting posture for the patient, recommends the use of silver wire instead of thread or twine for securing any adhesions, condemns the use of a sponge within the cavity of the abdomen, preferring a piece of flannel, and advocates the administration of opium and the application of turpentine epithems after the operation. The statistics of ovariotomy show that the proportion of recoveries is now about two to one death, or that the deaths are about 33 per cent. Mr. Brown has performed the operation at the London Surgical Home nineteen times, and out of these thirteen have recovered. An analysis of the nineteen cases is given, comprising the date of the operation, the name and age of the patient, the duration and progress of the disease, and the condition of the patient before the operation, the anæsthetic agent used, and its mode of administration, the length of the incision in each case, the adhesions, the nature of the tumour, the proceedings of the operation, and the accidents occurring during its course, the circumstance of the pedicle of the tumour being within or without the abdomen, and the general results of each case. In the subsequent discussion, Mr. Spencer Wells disagreed with Mr. Brown in the use of silver wire for the division of the adhesions, and in leaving the dead tissue within the abdomen; he also preferred sponge to flannel for cleansing the peritoneal cavity, in opposition to Mr. Brown, and he also disagreed with the latter gentleman in his use of arnica before the operation and of turpentine after it, both of which he thought unnecessary. Dr. Tyler Smith, as having recommended the semi-recumbent posture in the operation, still adhered to his opinion that it was the best, and he thought that the general administration of opiates after the operation was dangerous. Some thing like a personal discussion sprang up between Mr. Baker Brown and Mr. Spencer Wells, the latter stating that some of Mr. Brown's patients ought not to have been operated upon at all, and Mr. Brown retorting the same charge in relation to one of Mr. Wells's patients. Dr. Tyler Smith contributes to the Transactions four additional cases of ovariotomy, all being cases of polycystic ovarian disease, and two cases proving fatal. Up to the date of his paper, Dr. Tyler Smith had performed the operation in twelve cases, of which three died and nine recovered perfectly, one of the successful cases having become subsequently pregnant.

Dr. Tanner relates a case of unsuspected pregnancy and labour, in which the patient, a married lady, was quite unconscious of her condition, and believed herself to be past the age of child-bearing, but who, nevertheless, was confined of a living child. Dr. John Shortt, of Madras, relates two cases of the same nature, in one of which the patient, although a married lady and the mother of one child, was quite ignorant of her condition during the whole period of gestation, and being ordered to have a warm bath, the living child dropped into the bath, and was saved from drowning with some difficulty. This case is the more curious because for nearly two-thirds of the period of utero-gestation this lady was erroneously treated for disease of the os uteri, and the speculum, caustic, &c., were applied, and the most drastic purgatives administered, comprising aloes, scammony, gamboge, &c., without any injurious effects. In the other case related by Dr. Shortt, he saw a Hindoo woman walking on an esplanade, and while he was noticing her, he observed a fully-developed male child drop on the ground. Some female companions brought a knife, and divided the umbilical cord, and, as she was a woman of caste, Dr. Shortt was not allowed to approach her, or to render her any service whatever.

These are only a few of the subjects treated in the papers, all of which have more or less interest, and will be read with advantage.

Excessive Infant Mortality: How can it be Stayed?—and on Infant Alimentation. By M. A. BAINES. pp. 20.

The Author of this pamphlet attributes a great amount of the sickness and mortality among young children to the habit of mothers neglecting to nurse their own infants. The practice of wet-nursing also he considers injurious both on moral and sanitary grounds. In treating of infant alimentation, Mr. Baines recommends a larger portion of vegetable food than is usually thought beneficial to infants. We cannot endorse his views in this particular.

Notes on Coins. Read before the Numismatic Society of Montreal. By STANLEY C. BAGG, ESQ., F.N.S., Vice-President. Montreal, 1863. Pamphlet.

The Author of this essay is known as an ardent and accomplished numismatician, who is not only the founder of the Numismatic Society, but also the first to read a paper before it. The essay briefly reviews the objects of the science, and contains many interesting notes on coins and medals. Although comparatively new countries, there are many coins struck for circulation in Canada and the New England States, at periods ranging from 50 years to one or two centuries back, which are already scarce and highly prized. Of these may be mentioned the pine-tree shillings of Massachusetts struck in 1652.

Under the auspices of many men of learning in Canada, some of whom have emanated from our own English Universities, we have no doubt the Society will become very popular.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 28, 1863.

MR. PARTRIDGE, PRESIDENT.

Dr. WATERS communicated

A REMARKABLE CASE OF INJURY OF THE HEAD, IN WHICH THE RIGHT RESTIFORM BODY AND THE RIGHT POSTERIOR COLUMN OF THE SPINAL CORD WERE DIVIDED TRANSVERSELY; WITH REMARKS.

The following is a brief abstract of the case:

John M'Bride, a sailor, aged twenty-three, was admitted into the Liverpool Northern Hospital about noon on the 19th of February, 1863. He had received a blow on the side of the face on the previous day from a capstan-bar, which stunned him for a short time. On presenting himself at the hospital he was able to walk with

assistance. When seen by the author he was in bed. He was quite conscious, understood everything, and spoke rationally and distinctly, although articulation was not quite perfect. He complained of slight dizziness of the head, and slight numbness of the right side of the face and of the right arm and leg. He was unable to swallow, and had constant hiccough. The face was dusky; the breathing quiet; the pulse 100 and regular; the tongue was protruded in a straight line; the uvula was drawn to the right side. There was partial loss of power over the right side of the face, and right arm and leg; both these limbs could, however, be readily raised. He could open and shut both eyes. The pupils were rather dilated; the eyeballs constantly rolling about. No affection of vision or of hearing was complained of. The right side of the face and the right arm and leg were of a higher temperature than the corresponding parts of the opposite side. The patient said he could distinctly feel when touched on either side of the face, on either foot, leg, or arm. Sensation appeared slightly less perfect on the right side than on the left, *but on both sides it was good.* The patient died, somewhat suddenly, at five p.m. on the day of admission, after an ineffectual attempt to swallow. He had survived the accident about twenty-four hours.

After death the cranial bones and the vertebræ were found unfractured. The cerebrum was healthy. There was a considerable quantity of slightly coloured fluid at the base of the skull and in the spinal canal; the venous sinuses were very full of blood; the right hemisphere of the cerebellum was slightly and very superficially lacerated on its under surface, close by the side of the right restiform body. The medulla oblongata at its posterior aspect and right side was the seat of an extravasation of blood lying beneath the pia mater. This extravasation was into the nervous substance, and was connected with lacerations of that structure. The parts having been hardened in spirit, two transverse lacerations were found connected by a vertical one. The first or superior laceration involved the right restiform body about its middle; the laceration extending to within a very short distance of the median furrow of the fourth ventrical behind; to the outer side, and in front, the laceration extended as far as the line of origin of the eighth pair of nerves. Blood was effused between the lacerated parts, and separated them from each other. The nervous substance in the adjacent parts was also infiltrated with blood. The median furrow of the fourth ventricle was pushed a little towards the left side. As far as it was possible to judge, this laceration involved the whole, or very nearly the whole, of the fibres of the right restiform body, and a portion of the grey matter spread out on the floor of the fourth ventricle. None of the roots of the eighth pair of nerves were torn; but the laceration extended close to the superficial origin of the gloso-pharyngeal and par vagum, and no doubt involved their deep fibres. The second or lower laceration was situated just below and to the right of the nib of the calamus scriptorius. It had divided that part which is known as the posterior pyramid and the tract outside of it, which is the continuation of the posterior column of the spinal cord. The laceration extended about two lines into the nervous substance; it stopped behind at the median fissure, and externally it did not extend beyond the line of attachment of the posterior roots of the spinal nerves. Blood was effused as at the upper laceration. These two lacerations were connected by a vertical one, which ran down along the inner side of the restiform body and terminated below by joining the inner part of the lower laceration. The lungs were loaded with black blood. The heart was healthy.

The author remarked that the importance of the case was in the fact that the parts which were formerly supposed by most physiologists, and still are by some, to be the sensitive tracts, were divided on one side without loss of sensation ensuing. The case was remarkable as presenting us with a repetition in a healthy man of those experiments so often performed on the lower animals by the physiologist—namely, division of certain portions of the cord or medulla.

The results of the case tended to confirm the views recently advanced by some physiologists, that the posterior columns of the cord and the restiform bodies are not the channels by which the posterior roots of the spinal nerves communicate with the sensorium; and to refute the opinion that those structures are concerned in that function.

With regard to the minor symptoms, they for the most part agreed in a remarkable manner with the lesion which was found. So severe a laceration of the restiform body could scarcely happen without involving the deep origin of the facial, and glasso-pharyngeal and the pneumogastric nerves. Hence the symptoms of paralysis about the face &c., which had been referred to. The immediate cause of death appeard to have been a sudden arrest of the function of breathing.

Dr. Hermann Weber, F.R.C.P. read

A CONTRIBUTION TO THE PATHOLOGY OF THE CRURA CEREBRI.

After some preliminary remarks on the rare occurrence of diseases of the crura cerebri, uncomplicated with other affections of the brain, Dr. H. Weber related the following case:

A man, aged fifty-two, affected with disease of the aortic valves, hypertrophy of the left ventricle, and rigidity of the larger arteries, had, during the last years of life, frequent tinnitus aurium, a dull, but moderate headache, disturbed sleep, and anxious dreams. Two months before death sudden paralysis of the *right side of the body* (limbs, trunk, and face) as to motion and sensation, and of the muscles of the *left eye*, supplied by the third nerve, with dilatation of the *left* pupil. Disturbance of vision only slight, viz.: imperfect double vision when using both eyes combined, and impaired accommodation when using the *left* eye alone. The other special senses and the intellectual faculties unaffected; slow and irregular pulse; obstinate constipation; increased temperature in the paralyzed limbs. The paralysis of the right side of the face, the soft palate, the tongue, and the trunk had been from the beginning less complete, and became gradually much diminished as well with regard to motion as also to sensation; that of the limbs, on the contrary, remained almost complete with respect to motion, while the sensation gradually improved. The paralysed muscles of the left eye regained their function only very imperfectly, and the left pupil, too, remained much dilated; the obstinate constipation continued. About eight days before death symptoms of broncho-pneumonia and pleuritis, especially of the right side, came on; death two months after the seizure.

Post-mortem examination: Phenomena of recent broncho-pneumonia and pleuritis, occupying the greater portion of the right lung, and existing only in a very limited manner in the lower lobe of the left lung. Hypertrophy of the left ventricle of the heart, with disease of the aortic valves (rigidity through atheromatous deposit, stenosis, and insufficient closure). Extensive atheromatous affection of the arterial system, and especially of the cerebral arteries. Hæmorrhage into the internal portion of the left crus cerebri, the cavity being about $\frac{6}{10}$ inch long, $\frac{5}{20}$ inch broad, and as deep; it is situated close to the surface, and in immediate contact with the third nerve, the nerve-fibres of which are degenerated. The tissue of the crus round the cavity is hardened in the thickness of about $\frac{1}{16}$ inch. The remainder of the left crus, and the other portions of the brain are normal.

Dr. H. Weber remarked that the *diagnosis* in this case had been comparatively easy. The sudden paralysis of the *right side of the body*, with paralysis of the *third nerve of the left side*, and with immunity of the mental faculties and special senses, pointed unmistakably to an affection near the base of the left hemisphere, and in immediate connection with the third nerve, therefore also the crus cerebri. The fact that none of the other cranial nerves were affected, indicated that the morbid condition was confined to a small spot, and the existence of the disease of the arterial system recognised during life, rendered hæmorrhage more probable than any other alteration. Dr. H. Weber thought under similar circumstances an almost accurate diagnosis might be always ventured.

The author then gave an account of the two only cases of an analogous nature which he had met with in the medical literature, the one related by Andral, (Clinique Médicale T. v. p. 339, 1834), the other by P. H. Green (Med. Chir. Transactions, vol. xxv., p. 195), the main symptoms of both cases being in accordance with those observed by himself. He then touched upon the symptoms produced by section of the crura cerebri in animals, especially the circus movements described by Magendie, Lafarque, Longet, Schiff, and other physiologists, the absence of hemiplegia, and the occurrence of hyperæsthesia, on the side of the lesion, noted by Schiff. Dr. Weber did not endeavour to explain the discrepancy between the results of vivisections, and the symptoms of disease in man. He alluded, however, to the differences in the pathological and experimental lesions themselves, and also in the connection of the different portions of the brain between themselves in man and animals; he wished, by no means, to disregard the results of the physiological experiment, but, on the contrary, thought that whenever any discrepancy existed we ought to be very cautious in drawing inferences from pathological observations. He, therefore, did not consider as *certain* but only as *probable* results of lesions of the centre, the internal and lower portions of the crura cerebri in man (the only parts which were diseased in the three cases related):

1. Almost perfect paralysis of the limbs of the opposite side as to motion, and great impairment as to sensation; 2. Less complete, and more transitory paralysis of the opposite side of the trunk, of the face, soft palate and tongue as to motion and sensation (leaving the muscles of the eye intact); 3. A similar, but perhaps more permanent impairment of the pneumo-gastric, and sympathetic nerves of the opposite side; 4. A great retardation in the functions of the intestinal canal; 5. Immunity of the intellectual faculties, and special senses; 6. Paralysis of the third nerve on the side of the lesion, if the latter affects the nerve substance adjacent to the point of issue of that nerve.

With regard to *prognosis*, Dr. H. Weber remarked that the cases related proved that hæmorrhage of limited extent into the crus cerebri need not be necessarily fatal, but that they demonstrated also that the organs deprived of their unimpaired nervous influence (as, for instance, the opposite lung and pleura), are more liable to inflammation,—a fact which ought to be taken into consideration,

not only in the *prognosis*, but also in the *management* of such and similar morbid conditions.

Dr. H. Weber added that after having finished his paper he received from Dr. F. J. Stiebel, at Frankfort, a dissertation in which a remarkable case of disease of a crus cerebri was described, with symptoms differing considerably from those mentioned in the three other cases.

A girl, aged eleven years, habitually subject to attacks of bronchial catarrh, dyspnœa, and disturbed circulation, was attacked on June 21st with severe headache, nausea, great weakness, and frequency of pulse (140), without either paralysis or loss of consciousness; on June 25th paralysis of the third cranial nerve of the *left* side came on, with hanging of the *left* angle of the mouth; on the 26th, turning of the head towards the *right* side, and obstinate constipation were noted; on the 28th, rigors towards the evening, and some degree of anæsthesia of the *left* side of the face; on June 30th, death, preceded by trismus and tetanic convulsions. No paralysis of the limbs had been observed during the whole illness. Post-mortem examination: The *left* crus cerebri enlarged (more than twice the size of the right crus), and softened, contained in its inferior portion close in front of the pores, an oblong abscess or "ulcus," filled with good-looking pus, a small clot of grumous blood being situated at the posterior end of the ulcus. The remainder of the brain was normal, as were also the other organs of the body except the heart, which offered the appearance of concentric hypertrophy.

Dr. Weber remarked that neither the depth of the ulcus was mentioned, nor the microscopic appearance of the remaining substance of the crus, but that the great increase of its size indicated some alteration of its structure. Extensive alteration of the crus, therefore, does not, it seems, necessarily cause paralysis of the opposite side; and the first inference drawn, as *probable* from the three former cases described in the paper ought scarcely to be accepted, except with great reserve. He then pointed out the importance of the symptoms of turning the head to the side opposite to the lesion, noticed in Dr. Stiebel's case, as being in accordance with the results of Schiff's experiments on animals; and concluded with a remark on the necessity of guarding against hasty conclusions, from a few pathological observations, especially in cerebral affections.

Dr. Meryon, after alluding to the services rendered by Dr. H Weber, in his paper on the Crura Cerebri, and in his former contribution to the pathology of the Pons Varolii, expressed his opinion that if every case of cerebral disease were as carefully examined as this had been, that numerous instances of discrepancy which we hear of, between the anatomical disposition of the nerve fibres in the encephalon, and the symptoms which present themselves in structural lesions of the brain, would soon become the rare exceptions. He illustrated his proposition by adducing—1. The case described by Dr. Weber, in which a correct diagnosis had been formed as to the seat of the disease in consequence of the third cerebral nerve being implicated in the hemiplegia; and, 2. The case reported by Dr. Waters, the symptoms in which clearly pointed to the medulla oblongata, and to that portion of it on the immediate neighbourhood of the nucleus of the facial nerve, as the locality of the lesion; and referred to the observation of Dr. Cazalis, of the Salpetriere, who has described the imperfectly palsied eyelid as a diagnostic sign of facial paralysis dependant on intra-cranial disease and the perfectly fixed lid in affections of the facial nerve only. Dr. Meryon vindicated the theory of the posterior columns of the spinal cord and the corpora restiformia being tracts of sensitive impressions to the sensorium, notwithstanding the solution of continuity of the nerve fibres of the restiform body in Dr. Waters' case; and showed how such impressions may be conveyed to the brain by the intimate connexion of a portion of each posterior root of the spinal nerves with the posterior vesicular columns, and substantia gelatinosa in the grey matter, and partly by those bundles of nerve fibres which pass out again from the grey substance into the lateral white columns.

Dr. Waters said the case he had brought under the notice of the Society was remarkable from the peculiar nature of the lesion that was sustained. With perhaps one or two exceptions, he was not aware that any case of a parallel character had ever been placed on record. The results of the case, as regarded the symptoms, did not in the slightest degree invalidate the views of Sir Chas. Bell as to the function of the posterior roots of the spinal nerves, but they were quite in opposition to the theory that the posterior columns of the spinal cord and the restiform bodies were the tracts along which sensitive impressions were conveyed to the sensorium. The partial division of the grey matter on the floor of the fourth ventricle—generally believed to be the continuation of the central grey matter of the cord—without any loss of sensation following on the side opposite to the lesion, seemed rather opposed to the view that decussation of the conductors of sensitive impressions takes place all along the spinal cord; for, although only a portion of the grey matter was divided on the right side, yet if the sensitive fibres decussate before reaching the medulla oblongata, the left side of the body ought to have had a diminished sensibility, whereas the opposite was the fact—sensibility was diminished on the right side The existence of increased temperature on the side of the lesion was also an interesting phenomenon; this and the somewhat flushed condition of the face were symptoms somewhat similar to those which follow an injury to the sympathetic. The author alluded to a case reported by M. Begin, in Longet's "Anatomie et Physiologie du Système Nerveux," where one antero-lateral column of the cord was divided by a sharp instrument, the posterior columns and the central grey matter being uninjured. In that case there was loss of power of the affected side, but no loss of sensation. The case he had reported, coupled with that of M. Begin, and taken with the experimental and pathological cases which have been already brought forward, seemed to prove beyond doubt that neither the posterior columns of the cord nor the restiform bodies were concerned in transmitting sensive impressions. In conclusion, the author dwelt on the importance of a careful observation of such rare cases as the one he had related, which constituted, in fact, a repetition in man of the experimental inquiries so often made by physiologists. Such cases, when correctly observed, might serve to establish important physiological doctrines, as not being open to the objections which might be advanced against the results of vivisections in the lower animals, or the facts observed in disease in man.

Dr. Weber said that the author's case was like his, in that there was increase of temperature on the side of the body opposite the lesion. In his (Dr. Weber's) case this increase only lasted seven or eight days, which was about the time the temperature was increased after section of the sympathetic.

Dr. K. Chambers, supplied a

CONTRIBUTION TO THE THERAPEUTICS OF CONTINUED FEVER.

Analysis of 214 *cases of continued fever* —

108 treated on "general principles;"

106 treated on a uniform plan of continuous nutriment and hydrochloric acid.

The first series occurred during the six years ending September, 1857; the second series during the five and a half years ending March 31st, 1863.

Reasons for the cases being fairly comparable.—1. They are each a consecutive series. 2. They are spread over a considerable period of years. 3. All treated by the same physician, and under similar circumstances. 4. Diagnosed and recorded by independent registrars. 5. The equality of the cases is shown by the equality of the mean duration of their convalescence.

Of the first series—

of 13 entered as typhus, 3 died;
of 39 entered as typhoid, 16 died;
of 56 of doubtful type, 3 died.

Of 108, total of continued fever, 22 died.

Of the second series—

of 19 entered as typhus, none died
of 48 entered as typhoid, 2 died;
of 39 of doubtful type, 2 died.

Of 106, total of continued fever, 5 died.

Excluding from the first series 2, and from the second 1, who died within two days of admission, and gave therefore little scope for judging of the effects of treatment, there remains somewhat less than 1 in 5 as the death-rate under the first treatment, and less than 1 in 35 as the death-rate under the second treatment. Therefore the second method of treatment is a powerful means of preserving life.

Details of treatment were given, and some remarks made on the action of emetics.

Dr. Weber said that, fifteen years ago, when he was a student at Bonn, the usual treatment of fever was by hydrochloric acid alone, without food. Fifteen drops of the diluted acid were given four, five, or six times a day. The mortality was about sixteen or twenty per cent., the cases being typhoid. The fever was, on the whole, more violent than here. Dr. Weber thought it would have been better to have made a comparison between the treatment by hydrochloric acid and no treatment.

Dr. Murchison had listened with much interest to Dr. Chambers' communication, inasmuch as the treatment recommended closely resembled what he had followed at the Fever Hospital during the last eighteen months. The treatment of typhus and allied fevers by the mineral acids was a very old one; it had long been the favourite treatment in many parts of Europe, particularly in Germany and Sweeden. At the same time he had not that implicit faith in it which Dr. Chambers appeared to have, and he must protest against Dr. Chambers' inference, that his treatment was calculated to prevent fifteen out of every eighteen deaths from fever. Dr. Murchison had employed the mineral acids, in conjunction with abundance of fluid nutriment, and wine when indicated, in upwards of 1500 cases of fever, and although he had often seen the most marked improvement (cleaning of the tongue &c.), follow the use of the acids, his statistics results had been much less favourable than those now announced to the Society. He was convinced that, with more extended experience, Dr. Chambers would be compelled to modify his opinion. Dr. Chambers' statistics

were open to several fallacies. 1. The cases selected for comparing the results of different plans of treatment had occurred at different periods instead of at the same time. 2. In both series the form of fever had not been determined in a large proportion of the cases, and no details had been given to enable anyone to judge of their severity. Many of the cases "of doubtful type" had probably been examples of simple fever, which was rarely fatal under any method of treatment. The results would be materially effected by the proportion of cases of simple fever or febricula in either series 3. The rate of mortality in the first series, treated "on general principles," was far above the average mortality from fever in general hospitals, and hence it was not a fair standard of comparison. The total mortality in this series (including febricula) had been twenty per cent., for typhus alone twenty-three per cent., and for enteric fever no less than forty-one per cent. 4. The ages of the patients suffering from the different forms of fever had not been given. Age exercised little or no influence over the rate of mortality of enteric fever; but in the case of typhus, the results of different methods of treatment could never be satisfactorily compared without taking the ages of the patients into consideration. Under twenty years of age typhus was rarely fatal; above fifty, the mortality was 60 per cent. 5. The number of cases was too small to decided opinion as to the advantages of the treatment recommended. The second series included only ninteen cases of typhus and forty-eight of enteric fever, diagnosed as such. A practitioner, with extensive experience in fever, might often have under his care twenty cases of typhus in succession without loosing a single case but then if he lost five cases, the mortality would be twenty per cent. During last autumn, of forty-one successive cases of enteric fever, under Dr. Muchison's care, only two died, one from perforation of the bowel, and the other from acute tuberculosis—lesions not likely to have been cured by any treatment—yet the rate of mortality for the entire year had been considerably greater. Most of the forty-one cases had been severe, but in none had a drop of hydrochloric acid been administered. Dr. Murchison doubted if the hydrochloric acid possessed advantages over the other mineral acids. Although he believed that the treatment of continued fevers by the mineral acids, together with a uniform system of nourishment, was justified by our knowledge of the pathology of fever, as well as by experience, he was confident that Dr. Chambers' statements were calculated to make those who heard them too sanguine as to the results to be obtained from it.

Dr. Chambers, in reply said that all statistics were open to the objections raised by Dr. Murchison—That they were not long enough. His statistics were not brought forward as conclusive, but as a help to further inquiry; and he would grant that it might be found that the mortality was slightly different if further series of cases were compared, but not so as to affect the practical conclusion. His reason for bringing forward the two series of cases, the subjects of the paper, was, that being equal in number, and being pretty much under the same circumstances, they were fairly comparable. The difference in the mortality might be due, it was said simply to a general difference in the mortality of the fever at the two quinquennial periods; but he had found that the mortality from fever in the two periods was as nearly as possible equal, taking Dr. Murchison's statistics as his authority. He did not bring forward the cases to exemplify the acid treatment, but rather as evidence of the value of continuous nutriment. In fact, he believed that the acid was beneficial principally in a subsidiary manner—in preparing the digestive mucous surface for the nutriment. That it did thus produce a beneficial change was evident from the clearing of the tongue. In reply to Dr. Waters the author said that wine was given in both classes, but only in cases in which it was strongly required, on account of the expense. The treatment in Germany by acids was not successful from being relied on solely, and not supplemented by nutriment.

AN EX-MEMBER OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

We copy the following from a letter of the London Correspondent of the 'Dublin Medical Press':—

Robert Jacob Jordan, described in the 'Medical Directory' as M.R.C.S. Eng., 1859; L.R.C.S. Edin. 1859; educated at St. George's Hospital, has not only had his name removed officially from the books of the College of Surgeons, but the diploma granted to him on the 4th of February 1859, has been recalled. At the approaching meeting of the Council of Education and Registration for the United Kingdom, this expulsion will be officially reported, when no doubt the same punishment will be inflicted on him at the hands of our representatives who will assemble on the forthcoming occasion in the Board-room of the Royal College of Physicians. The profession must not suppose that this punishment has been inflicted in a hurried manner, or without due consideration of the grave importance of the subject. The accused was duly informed of the charge against him, and invited to appear before the Council to answer the same. This, I understand on the same good authority from which I obtain much valuable information generally, he declined, but promised to dispose of the objectionable anatomical museum, and to conduct his practice in a most respectable manner, and subsequently stated that he had disposed of the collection at an "alarming sacrifice," but the only outward and visible sign to do as promised was evinced in the removal of the large gin-palace lamps in front of the mansion, for "Your Own Correspondent" on calling yesterday and paying his shilling for admission ascertained, that *if* the museum was disposed of at such a ruinous sacrifice, the attendants in the private rooms of *Dr.* Jordan were those of the museum, as on entering it from Maddox-street, you would find the same descendants of Abraham ready to receive you as would open the door to you immediately afterwards in George's-street, and ready to conduct you to the consulting saloon of the learned *Dr.!* which let me describe as a comfortable well-furnished room, with one large window overlooking the aristocratic church of St. George's Hanover-square. On the walls are suspended in handsome frames correct fac-similes of the diplomas granted by the Royal College of Surgeons of England (the original has I understand been recalled), that granted by the Royal College of Physicians of Edinburgh and another from some German University, together with portraits, handsomely framed, of Messrs. Luke, Skey, South, &c. The first named gentleman is the President of the College of Surgeons, and whether by accident or design, I know not, but the glass is smashed and the portrait terribly disfigured, as if the *Dr.* on receiving official intelligence of the erasure of his name had entered into a pugilistic contest with this high and potent functionary. On the table is placed a first class and valuable microscope, one of Ross's best, and on a side table, various test tubes, bottles, &c. Immediately on entering, the blind is drawn down and a portable gas table lamp turned on by an attendant well versed in his duties, who retires after informing you that the "Dr." will not be long, Sir. Should you become impatient, a cab is called and driven rapidly away in quest of the learned chief of the establishment.

Robert Jacob Jordan is the author of a "Guide to Masculine Vigour," and an "Illustrated and Descriptive Catalogue of the London Anatomical Museum." I am informed, on very good authority, that the proprietor of another of these disgusting exhibitions, who formerly acted as porter at an obscene museum, has obtained the services of a member of the London College of Surgeons to act as showman and resident physician. I cannot mention his name at present, as in all probability his conduct will be brought before the Council with a view to the same punishment as that above mentioned.

LEGAL INTELLIGENCE.

COURT OF BANKRUPTCY, Basinghall Street, May 15.

(Before Mr. Commissioner Fane.)

IN RE RUSSELL.

The bankrupt, Annie Russell, who described herself as "a professor of music, and spinster," of 24 Cottage grove, Peckham, and elsewhere, applied for her release from custody. It appeared that the bankrupt was the unsuccessful plaintiff in the cause of "Russell v. Adams," and that she had been arrested for 315*l.* costs incurred by Mr. Adams in defending the action. She stated that she had been about three weeks in custody.

Mr. Wild, for Mr. Adams, opposed the application. He said the total expense incurred by Mr. Adams in his defence would be 1,000*l.* The defendant had been obliged to bring a vast amount of evidence from Holyhead and elsewhere, with a view to showing that on former occasions the bankrupt had fixed charges of breaches of promise of marriage upon clergymen and other persons in order to extort money. He (Mr. Wild) contended that Mr. Adams had been the victim of a gross conspiracy, and that the Court would not assist the bankrupt in obtaining her release from custody.

The bankrupt, who gave her evidence in a somewhat confident tone, said,—It is quite true that the verdict was not exactly for me, but my solicitor applied to Messrs. Wild and Barber for leave to examine Mr. Adams and myself as witnesses upon the trial, in order that the truth might be established; but they refused to give permission, otherwise the verdict would, in my opinion, have been very different.

The Commissioner.—The verdict was against you?

The Bankrupt.—Yes; but if Mr. Adams had not placed himself in the position he would not have incurred the expense. From experience he might have known that it was rather dangerous to trifle with the affections of a lady.

The Commissioner.—I see that in the declaration the damages are laid at 3,000*l.*

Mr. Wild.—Yes, and the defendant a married man with a large family.

The Commissioner.—I do not think I can release the bankrupt until she has been four months in prison. It is a monstrous case.

The Bankrupt.—Very well; I was informed yesterday that you would prejudge the case.

The Commissioner.—I do not know how I could prejudge the case. Until to-day I never saw either plaintiff, defendant, judge, or jury. I cannot release the bankrupt until she has suffered four months' imprisonment.

The bankrupt was then removed, his Honour adding (with a smile,)—I hope she will not sue me. (A laugh.)

Births, Marriages, and Deaths.

BIRTHS.

ALLEN.—On the 9th inst., at Cross house, Ilminster, Somersetshire, the wife of J. Bedford Allen, H.M.'s Indian Army, Civil Surgeon of Gyah, Behar, Bengal, of a daughter.

ANCRUM.—On the 8th inst., at St. Leonard's Court, near Gloucester, the wife of W. Rutherford Anerum, M.D., of a son.

EASTON.—On the 27th ult., at Stranraer, N.B., the wife of David Easton, A.B., M.D., prematurely of a son.

HALE.—On the 3rd inst., at Barrow hill, Staveley, Derbyshire, the wife of Thomas F. Hale, M.R.C.S.E., of a daughter.

HABERSHON.—On the 12th inst., at Wimpole street, Cavendish square, the wife of S. O. Habershon, M.D., of a son.

KILGOUR.—On the 30th ult., at Cheltenham, the wife of J. Stewart Kilgour, M.D., of a daughter.

MASSY.—On the 7th inst., at Parsonstown, the wife of H. D. Massy, Staff Assistant-Surgeon, of a son.

ROOME.—On the 27th ult., at Dartmoor, the wife of H. Roome, M.D., of a daughter.

SLEEMAN.—On the 8th inst., at Southwark bridge road, the wife of J. Sleeman, L.R.C.P., of a son.

TAYLOR.—On the 10th inst., at Queen's road, Bayswater, the wife of John Taylor, M.D., of a daughter.

TWYFORD.—On the 13th inst., at St. Helens, Lancashire, the wife of Edward P. Twyford, M.D., of a son, still-born.

MARRIAGES.

HUGALL—NEWTON.—On the 22nd ult., at Alconbury, Thos. J. Hugall, M.R.C.S.E., of Stadhampton, Oxfordshire, to Harriet Elizabeth, second daughter of Lancelot Newton, M.R.C.S.E., of Alconbury hill, Hants.

SPYERS—PHILLIPS.—On the 7th inst., at Isleworth, T. C. Spyers, M.D., of Faversham, to Lucy Emma, only daughter of the late C. Phillips, M.D., of Manchester.

THOMPSON—CARGILL.—On the 23rd ult., at Half-way Tree Church, St. Andrew's, Jamaica, James Thompson, M.D., Assistant Surgeon H.M.'s 4th W.I. Regiment, eldest son of Andrew Thompson, Esq., of Burlington road, Dublin, to Mary Jane, only daughter of the Hon. Mr. Justice Cargill, one of her Majesty's Judges for the Supreme Court of Jamaica.

DEATHS.

ATKINSON.—On the 10th inst., John Atkinson, Surgeon, of Kilham, Yorkshire, aged 62.

BIRCH.—On the 3rd inst., John Birch, M.R.C.S.E., of Portland street, Manchester, aged 35.

DALE.—On the 11th ult., at Egglescliffe, Durham, Maria, relict of J Dale, M.R.C.S.E., of Yarm, Yorkshire, aged 57.

DAVIES.—On the 2nd inst., Mary Anne, the wife of John Sides Davies, M.R.C.S.E., of Beatrice street, Oswestry, aged 25.

CHALLICE.—On the 11th inst., suddenly, at Great Cumberland street, Hyde-park, John Challice, M.D., Medical Officer of Health for Bermondsey, aged 48.

EVANS.—On the 9th inst., Dr. Evans, of Dalston, near Carlisle, aged 37.

HILLIARD.—On the 7th inst., Daniel Hilliard, L.R.C.S.I., of Ballymullen, Tralee, co. Kerry.

HODSON.—On the 5th inst., T. Llewelyn Hodson, M.R.C.S.E., of Liverpool, aged 46.

M'GREGOR.—On the 6th inst., at College square North, Belfast, J. Bonar M'Gregor, L.R.C.S. Edin.

ROWE.—On the 9th inst., at Grafton street, Brighton, W. H. Rowe, M.R.C.S.E.

SIBBALD.—On the 4th inst., at Argyle square, Edinburgh, George Sibbald, Surgeon, late of the Royal Navy, aged 78.

WHITFORD.—On the 8th inst., at St. Columb, Antony Whitford, M.B., of Shepherd's House, Cranbrook, Kent, aged 29.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 7th inst.:—

Frederick Henry Alderson, Ipswich; William Clarke, Longsight, near Manchester; Horace Cooper, Caversham; Ebenezer William Edlin, Manchester; Cornelius Benjamin Fox, Truro, Cornwall; James Mortimer Fuller, St. John's Wood; Edward Gibbs, Birmingham; Richard Theodore Grubb, Cahir, Ireland; John Stevenson Harvey, Boulogne-sur-Mer; John Warrington Haward, Leicester-square; Richard Hison Daly Johnson, Liverpool; George Frederick Walford Meadows, Oley, Ipswich; George Branston Valentine Nash, Liverpool; Edmund Pope, Puddleton, Yorkshire; Joseph Peeke Richards, Oxford terrace, Islington; William Milward Seabrook, Brighton; Thomas Stowell, Brighton; Septimus Terry, Northampton; Robert William Tibbits, Ashton, near Bristol; Vivian Wearne, Helstone, Cornwall; Hutton Joseph Webber, Tunbridge Wells; John Burdett Welby, Leicester; William John Wey, Plymouth

The following gentlemen were admitted members on the 9th inst.:—Wm. Adolphus Fred. Bateman, Richmond, Surrey; John Brockwell, Cleator, Cumberland; John Charles Compson, Stourbridge, Worcester; Alfred Ollivant Francis, Derby; Charles Hinds, Barbadoes; Thomas Holyoake, Kinver, Staffordshire; Henry John Hunt, Melksham, Wilts; Martin de Galway Hurlstone, Chester street, Hyde park corner; William Jones, Llangorse, Brecon; James M'Bride, Rathfriland, Co. Down, Ireland; Thomas Miles, Totness, Devon; Thomas John Peatfield, Edwinstone, Notts; Charles John Pyle, Amesbury; George Edward Pyle, Amesbury; William Edward Soffe, Bungay, Suffolk; Joseph Septimus Steward, Usemere Hill, Cumberland; Henry Summerhayes, Crewkerne, Somerset; Samuel Swabey, Prince Edward Island; James Smith Turner, Margaret street, Cavendish square; Edmund Vallance, Brighton; John Henry C. Whipple, Plymouth, Devon; Richard Prior Wintle, Earl's court terrace, Kensington; Francis Henry Wood, New Romney.

ANATOMY AND PHYSIOLOGY.—The following gentlemen passed their primary examinations in Anatomy and Phsiology at a meeting of the Court of Examiners on the 28th ult., and when eligible will be admitted to the pass examination:—

B. H. Allen, University College; G. B. Baker, St. Mary's; A. E. Briggs, Edinburgh; J. E. Collingwood, St. George's; G. H. C. Cooper, University College; Henry Couling, Guy's; J. C. Dwyer, Guy's; Woodforde Finden, King's College; James Folliott, St. Bartholomew's; T. H. G. Harding, University College; Frank Holmes, Manchester; H. G. Jackson, Leeds; T. W. Jewison, Leeds; G. T. Joynson, Manchester; W. P. Knapp, St. Bartholomew's; Joseph Langhorn, St. George's; G. H. Madeley, King's College; J. H. Martin, University College; R. M. Meiklejohn, Edinburgh; L. W. Morgan, St. Thomas's; J. G. Nevitt, Leeds; T. R. S. Nivison, Edinburgh; Henry Pearson, Manchester; Thomas Percival, Leeds; Thomas Rigg, Edinburgh; W. A. S. Royds, St. Bartholomew's; E. B. Shuldham, University College; E. R. Smith, St. Bartholomew's; A. G. Snewin, Charing cross; H. B. Spurgin, Guy's; John Stuckey, University College; G. C. Tayler, St. Bartholomew's; J. J. Watson, University College; T. J. Webster, Manchester; Robert Whipp, Manchester.

The following gentlemen passed on the 29th ult.:—A. B. Adams, London Hospital; Henry Barnes, Edinburgh; F. M. Beckett, St. Bartholomew's; Anthony Bell, Newcastle; William Bell, King's College; Charles Bradley, University College; William Bullus, Birmingham; T. B. Burton, St. Mary's; John Cragie, London; Thomas Creighton, Newcastle; Herbert Davies, University College; Henry Dawson, Guy's; W. D. Dunn, Birmingham; Thomas Elmes, Dublin; J. A. M. Evans, University College; N. W. Fairles, St. Bartholomew's; E. W. Forster, Newcastle; E. L. Fyson, Guy's; J. H. Gray, London; Peter Harding, University College; F. H. Hodges, Bristol; A. C. Jackson, Guy's; S. F. Leach, Guy's; William Liddard, Middlesex; George Longbotham, Newcastle; W. S. Mann, Birmingham; John Morison, University College; T. R. Nason, Guy's; Thomas Nimmo, Edinburgh; C. G. Pauli, Glasgow; T. G. Philps, St. Mary's; H. A. Reeves, Middlesex; George Rendle, Guy's; Frederick Ruffe, Birmingham; Ebenezer Shedd, London; G. E. Shuttleworth, King's College; H. R. Smith, Guy's; T. H. Spilsbury, King's College; William Taynton, London; C. M. Tidy, London; C. J. Trennery, Guy's; D. G. Tuckwell, King's College; William Walford, Edinburgh; George Weller, London; A. H. Wheldon, Guy's; Jas. Whitworth, University College; E. O. Williams, Edinburgh; W. T. P. Wolston, King's College; Edwin Wykes, Birmingham; John Wyllie, Edinburgh.

The following gentlemen passed on the 12th inst.:—J. W. Barrett, Guy's; C. H. Battersby, Dublin; H. W. Battersby, Dublin; C. J. Bennett, Edinburgh; H. J. Branson, St. George's; Edward Crewster, Charing-cross; George Eastes, Guy's; J. A. Eatock, Manchester; A. P. Evans, Birmingham; J. A. Grindrod, Manchester; A. O. Haslewood, Newcastle; Charles Heaven, St. George's; H. C. Hilliard, Guy's; W. H. Lightbody, Edinburgh; J. L. Morris, Glasgow; A. J. Moseley, St. George's; W. H. Sutcliffe, Manchester; Thomas Sutton, Manchester; J. B. Watson, University College; J. C. Wilkins, University College; John Williams, Glasgow; W. T. H. Wood, Guy's; David Wright, Edinburgh.

The following gentlemen passed on the 13th inst.:—H. John Ryder Bush, Middlesex; Henry Parry Chandler, Middlesex; Isaiah de Souche, Dublin; Ebenezer Diver, University College; William Lewis Hughes, Dublin; David Jones, Dublin; Charles Peyton Moreton, Dublin; Charles Frederick Oxley, Edinburgh; Thomas Richard Phillips, Dublin; Thomas Gray Pratt, Edinburgh; Robert Wood, London Hospital.

THE FELLOWSHIP.—At a meeting of the Council on the 4th inst., Mr. John Burton St. Croix Cross, of the 11th Hussars, was admitted a Fellow, having been elected at a previous meeting; diploma of membership dated Aug. 11th, 1837. Mr. William Travers, of the Charing-cross Hospital, has just passed the Preliminary Ex-

amination for the Fellowship, having been admitted a Member on the 17th of April, 1860.

At the meeting of the Court on the 6th inst., Dr. Arthur Joseph Ireland passed his examination for Naval Surgeon. This gentleman had previously been admitted a Member of the Edinburgh College of Surgeons, his diploma bearing date June 4th, 1856.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 7th inst.:—Thomas Brewer, Halifax; Caleb Gargory, Birmingham; John Spencer Ferris, Bradford-on-Avon, Wilts; Thomas Pilkington, Enfield, Accrington, Lancashire; George Wyatt Sharp, Great Cumberland street; William Allin Thompson, Oxford; Samuel Woodman, Finchley road, St. John's wood.

The statement which appeared in the daily papers to the effect that Dr. Jenner is to attend the Queen to Balmoral this spring, is incorrect.

Testimonial.—Dr. Nicol, who has for a long time filled the office of Secretary to the Royal Institution of South Wales, is about to receive a testimonial in recognition of his services.

University College, London.—The distribution of prizes to the students of the Faculty of Medicine in University College, London, took place last week. Dr. Parkes, F.R.S., Fellow of the College, former Professor of Clinical Medicine, in the chair. The Atkinson Morley Surgical Scholarship 45*l.* per annum for three years from June, 1862, was awarded to William John Smith, of Basingstoke; the Longridge prize of 40*l.*, for general proficiency in medicine and surgery, to William Henry Griffen, of Banbury; and the Filliter Exhibition, in Pathological Anatomy 30*l.*, to Thomas Griffiths, of Carmarthenshire. Gold medals were awarded for acquirements in Clinical Medicine (Dr. Fellowes, winter term, 1861-62), to J Talfourd Jones of Brecon, South Wales, and Frederick Thomas Roberts, of Carmarthen; in Anatomy and Physiology, (Professor Sharpey M.D., F.RS., Dean), to Bryan H. Allen, of London; in Anatomy (Professor Ellis) Senior Class, to Charles Bradley, of Nottingham; in Chemistry, (Professor Williamson, F.R.S.) to J. Pearson Hughes, Llandovery; in Comparative Anatomy, (Professor Grant, M.D., F.R.S.) to John Comyns Leach, of Crediton, Devon; in Medicine, (Professor Jenner, M.D.) to Palemon Best, of St. Ive's, Cornwall; in Surgery, (Professor Erichsen) to Herbert Everitt, of Norwich.

Curious Case of Poisoning.—The upas tree, a native of Java, is so well-known in that island for its deleterious qualities that it is generally called the poison tree. There are only two species, the *upas antiar* and the *upas tieute*, both of which yield a milky juice with which weapons are poisoned. The 'Abeille Medicale' states that a short time ago a scientific gentleman at Berlin received a small quantity of the condensed juice of the upas, and resolved to try the effects of it upon himself. One afternoon he accordingly took three grains of this drug, which he found very bitter and rather saltish. Immediately afterwards he felt extremely gay, and a bad headache which he had at the time disappeared; but after a while he experienced a sensation of oppression in the stomach. Nevertheless, he had the imprudence to go out; on turning a corner he became aware of a considerable stiffness along the spine; this was about half an hour after having taken the poison. An hour later, while taking a cup of coffee, he felt a violent shock throughout his body and stiffness at the extremities; at the same time his head was thrown backwards, he lost all power of speech, but his mental faculties remained unimpaired. There was a slight remission of these symptoms for a few minutes, and then a fresh attack came on, and this continued until the patient at length succeeded in expressing a wish to be taken to the Hospital of La Charité. As he was being helped downstairs to get into a carriage a new attack impeded his progress, but during the drive he had none, although the slightest shake seemed sufficient to bring it on. These attacks were attended with but little pain; deglutition was very difficult, and the patient felt very weak. After every attack the muscular system relapsed into inertness. At the hospital emetics were immediately administered to expel the poison if any remained; the vomiting was attended with sudden starts, spasms in the glottis, and difficulty of breathing; the latter symytom, however, soon subsided. The pulse was at 72. Thirty drops of laudanum were administered at the rate of 10 for every quarter of an hour, and then 30 more, in three parts at intervals of half an hour. The patient fell asleep, but was often awakened by the contraction of the muscles of the back and neck. Laudanum was again administered, and sleep returned. On the following morning the patient felt very weak, but only complained of stiffness in the left muscles of the neck; the pulse was at 66. Wine and light food were now given instead of medicine, and on the sixth day the patient left the hospital perfectly recovered. The poison of the upas tree is analagous to, if not identical with, Strychnia.

Royal Visit to Netley Hospital.—The first public act of the Queen has been to visit the Royal Victoria Hospital, which was opened about two months since. This hospital is intended for the reception of invalid soldiers from foreign stations, and just now contains about 600 fine old soldiers, chiefly from India. The Queen intimated her intention on the morning of May 8 to visit the Hospital on the afternoon of the same day, and Col. Wilbraham, the Commandant, received instructions at the same time to make arrangements for ensuring privacy. The Queen landed about half-past three, attended by the Prince and Princess Louis of Hesse, Prince Alfred, Sir Charles Phipps, Lord Charles Fitzroy, Sir James Clark, and others. She spent nearly two hours in the Hospital, and visited almost every part. Colonel Wilbraham, C.B., Inspector-General Dr. Anderson, Major Ravenhill, R.E., Deputy-Inspectors Longmore and Maclean, Professors Aitken and Parkes, Staff-Surgeons Pierce, Nicholson, McLeod, and, in fact, all the Hospital staff, followed her. She sent several times for Mr. Longmore and Dr. Maclean to inform her of the state of men whom she saw very ill in bed, and she went up to the bedside of a great number of men and asked them questions about themselves. Altogether she must have spoken, in a most kind and touching way, to thirty or forty sick men, and she made Colonel Wilbraham and Dr. Anderson explain to her all the arrangements for their comfort. She then looked at the rooms of the Army Medical School, and visited the quarters of the married soldiers. In fact, she most thoroughly inspected the whole place, and went into many more wards than had been intended by the officials, who were afraid she would be fatigued. She did not appear to be so, although she must have walked some miles. The hospital looked in beautiful order, and she is understood to have been pleased with everything except the accommodation for the married women. She looked well in health, but had, when not speaking, a sad and careworn expression; she was very gracious, and her voice was beautifully clear and sweet, though she spoke in rather a low tone. When she smiled her face wonderfully brightened up. She was evidently greatly interested in her visit, and yet it was as clearly a trial to her. The old soldiers were delighted to see her, and one man, who lay almost dying in bed, told her he thanked God he had been permitted to see her before he died. Prince Alfred, who was with her, looked quite strong and robust. The Princess Alice spoke to several of the soldiers' wives, and seemed as much interested in the place as her mother. Prince Louis also seemed both interested and pleased. Luckily, the day was extremely fine, and the Hospital and grounds were looking their best.

Death of Dr. Reid.—The public will learn with regret the death of Dr. David Boswell Reid, well known by his labours in regard to ventilation. Dr. Reid, who has been some years in America, died at Washington on the 5th of April. The death was sudden, and caused by congestion of the lungs. Dr. Reid had been appointed by the Government Medical Inspector to the Sanitary Commission, and he was about to leave Washington to be employed in ventilating the new military hospitals which have been erected in different parts of the country. Dr. Reid was a native of Edinburgh, grandson of the celebrated Hugo Arnot, the historian of Edinburgh, and was himself at one time an extensively employed and successful teacher of chemistry here. His connexion with the ventilation of the Houses of Parliament is but too well known. He ventilated St. George's Hall Liverpool—The only building in the world, he said, in which his principles of ventilation have been completely carried out. The ventilation of this building is considered very successful. Dr. Reid began his public career in Edinburgh as assistant to the late Dr. Hope, Professor of Chemistry in the University. He was also a candidate for the Chair when Dr. Hope resigned.

Appointments.—H. Charlton Bastian, M.A., M.R.C.S.E., has been elected a Fellow of the Linnæan Society.—W. Blair, M.D., has been appointed Medical officer for the Village and District of Denholm, Roxburghshire, vice J. Young, L.R.C.S. Edin., resigned.—Bernard E. Brodhurst, F.R.C.S.E., has been appointed Assistant-Surgeon to St. George's Hospital, vice H. Lee, F.R.C.S.E., promoted to Surgeon.—J. P. Burke, M.D., has been elected Medical officer and Public Vaccinator for the Louisburgh Dispensary District of the Westport Union, co. Mayo, vice R. Hudson Newett, L.R.C.S. Edin., resigned.—A. Carson Clarke, M.D., has been appointed Resident Medical officer to the new Workhouse, Crumpsall, Manchester.—T. S. Clouston, M.D., has been appointed Medical Superintendent for the Cumberland and Westmoreland Lunatic Asylum at Garlands.—H. Colebrooke, M.D., has been appointed Medical officer for the newly-created Southborough District of the Tonbridge Union.—R. Dobbie, M.D., has been appointed Surgeon to the County Prison, Ayr, vice W. Whiteside, M.D., resigned and since deceased.—A. M'Kenzie Edwards, F.R.C.S. Edin., has been appointed Assistant-Surgeon to the Royal Infirmary, Edinburgh, vice Watson, promoted to be third Acting Surgeon.—Gorrequer Griffith, M.R.C.S.E., has been appointed House-Surgeon to the London Surgical Home.—J. F. Mackreth, L.R.C.P. Edin., has been elected Medical officer and Public Vaccinator for the Danby District of the Guisborough Union, Yorkshire, vice J. Allanson, M.R.C.S.E., resigned.—J. R. M'Lintock, M.B., has been appointed Resident Medical Assistant to Murray's Royal Institution for the Insane, Perth, vice W. Carmichael M'Intosh, M.D., appointed Medical Superintendent of the Perth County Lunatic Asylum, Murthley.—G. R. Ord, M.R.C.S.E., has been appointed Surgeon to

PARISIAN MEDICAL NEWS.

PRESCRIPTIONS AND FORMULAS.

Glycerine and its Indications.—Mr. Démarquay has recently collected, in one volume, all the observations hitherto published on the subject of the surgical uses of glycerine. This work, in addition to the physical, chemical, and pharmaceutic history of glycerine, supplies us with an exhaustive therapeutic essay on this substance. A few quotations will suffice to show the utility of the monograph now presented to the profession. (*a*)

Internally, glycerine has been prescribed as a laxative, but its aperient effects are more evident when injected with an enema. A mixture of two ounces of glycerine with sixteen ounces of water injected into the rectum induced in forty-five cases a decided laxative action. The effects of glycerine are more reliable than those of oil, and as it mixes perfectly with water, it does not stain the linen or bed-clothes.

Mr. Démarquay claims the credit of having introduced glycerine into surgical practice, and of having first discovered its beneficial effects as a dressing. A fenestrated compress is well soaked in glycerine, wrung out, and laid over the entire surface of the wound. A cake of charpie is then applied, secured as usual with a roller. This dressing is promptly executed, no scabs form, and lotions are unnecessary; active granulation sets in, and in Mr. Denonvillier's and Mr. Démarquay's wards, in which this system has now been adopted for some time, erysipelas, puriform absorption, and hospital gangrene have become as unfrequent as they previously were common.

Fetid, gangrenous ulcers are likewise modified by glycerine, and promptly assume a healthy aspect, if the dressings are changed two or three times a day, and the lint moistened with the medicinal fluid.

Mr. Démarquay relates several cases of malignant carbuncle, in which the following method was resorted to with the utmost benefit: deep incisions were in the first place performed in the tumours, and were filled with lint impregnated with glycerine; a large poultice, sprinkled with this liquid, was also applied; the eschars were speedily detached, and when the mortified structures had fallen away, simple dressings were resorted to.

"The great and unquestionable advantage of glycerine," says Mr. Larrey, in a report on the subject, "is, that it acts as a detergent, and restores to ulcers of long standing the aspect o recent wounds."

In burns, glycerine imparts to the injured surfaces a permanent sensation of coolness, due to its hygrometric properties; it penetrates into, moistens, and softens the tissues, and protects the denuded derm from the pain caused by exposure to air.

Before resorting to pressure with strips of adhesive plaster in cases of indolent ulcers, Mr. Démarquay recommends as a useful preparation, to dress the sores for several days with glycerine.

It is a profitable adjuvant in the treatment of scorbutic, scrofulous, and syphilitic ulcers, and a valuable palliative in cancer. It diminishes the amount of suppuration, and modifies the offensive effluvia, and if the pains are intense, they may be allayed by the application of a mixture of three ounces of glycerine with one drachm of laudanum.

Should this solution prove unavailing, the wound should be every two or three days painted over with a concentrated solution of alum, or sulphate of zinc, and a cake of lint applied, impregnated with a solution of half-an-ounce of sulphate of alumina and zinc, in three ounces of glycerine, thickened with starch.

If a wound, such as that of a blister, has a tendency to spread, it should be dressed with glycerine; Mr. Blache always adopts this plan in children, and conceives that it often prevents serious complications.

(*a*) *Glycerine, and its Applications to Medical and Surgical Treatment.* One vol. 8vo., Asalin, Paris.

Simple ulcers heal so promptly under the influence of this treatment, that Mr. Démarquay opines that when any sore, in the course of two or three days, presents no signs of amendment, it should be looked upon with considerable suspicion, and the precedents of the patient be carefully investigated.

The power of penetration of glycerine, combined with its power of dissolving iodine, which is only inferior to that possessed by alcohol, explains the singular efficacy of the following injection in cases of deep-seated abscess, sinuses, scrofulous wounds, syphilitic bubo, etc.:—

℞ Glycerinæ, ℥iijss.;
Tinct iodini, ℥j. M.

In diseases of the skin, glycerine is often successful, when pomades have failed to give relief. In vulvar hyperæsthesia, for instance, a most distressing and obstinate affection, the pruritus may often be subdued, as Messrs. Monod and Démarquay have shown, by a liberal application of glycerine.

In the treatment of *pityriasis capitis*, Mr. Démarquay conceives that no remedy can compare with the following prescription of Dr. H. Guéneau de Mussy:—

℞ Ammon. muriatis, gr. xij.;
Glycerinæ, ℥j.;
Aq. Rosæ, ℥vj. M.

The experiments instituted at Hospital Saint Louis and at Hospital Sainte Eugénie show that Helmerick's pomade, made with glycerine, is as efficacious for the cure of scabies as when prepared with lard, and in addition does not stain the linen, or emit any offensive odour.

Mr. Bourguignon recommends in the treatment of the same disease, the following liniment; a single friction is sufficient without any previous soaping:—

℞ Vitelli ovi, No. 2,
Ol. ess. lavand.,
——— limonis,
——— menth., ā ʒj.;
——— caryophylli,
——— cinnamoni, ā ʒiss.;
Gum. tragacanth, ʒss.;
Flor. sulphuris, ℥iijss.;
Glycerinæ, ℥vij.

Mix the essential oils carefully with the yolks of egg, add the tragacanth, form the mucilage, and add slowly the sulphur and glycerine.

Mr. Démarquay's work supplies us in addition with numerous formulas applicable in the treatment of diseases of the eyes, the ear, mouth, fauces, and larynx. We are thus informed (page 193), that in thrush, stomatitis, and ulcerative sore-throat, Mr. Blache prescribes with much benefit local application several times a day of the following preparation:—

℞ Glycerinæ puræ, ℥j.;
Sodæ Bi-boratis, ʒij.

Vichy water, mixed with milk, is at the same time used as a gargle or lotion.

Mr. Démarquay concludes with an interesting disquisition on the utility of glycerine in diseases of the generative organs in both sexes, and in affections of the rectum and anus.

He states that he has effected a cure of fissure in ano, when not very ancient, with enemas containing two ounces of glycerine, and with the following liniment:—

℞ Glycerinæ, ℥j.;
Amyli, ʒiss.;
Extr. Ratanhiæ, ʒss.—ʒj.

The trisnitrate of bismuth, or tannin, may be substituted for ratanhy, as Mr. Soupart, of Ghent, and Mr. Van Holsbeck have shown.

LEARNED SOCIETIES.

Academy of Sciences.—Mr. Boudin forwarded to the Academy a paper on the *Influence of the Relative Ages of Parents on the Sex of the Offspring.*

From these statistical returns, it appears:—1. That when the father is older than the mother, the male sex predominates in the children. 2. That under opposite circumstances, the female sex predominates. 3. That the sexes are equally divided with a slight superiority in favour of females, when

the parents are of the same age. Mr. Boudin further remarks that other observers, viz.: Mr. Hafacker, of Tubingen, Mr. Sadler, in England, Mr. Goehlert, at Vienna, and Mr. Boulanger, at Calais, have been led to the same conclusions by their separate inquiries.

— A report was some time since presented by General Morin, on the various systems of heating and ventilation to be employed in the new theatres in Paris. The plans adopted all proposed the introduction of air from without, through apertures placed beneath the boxes, galleries, and amphitheatres, the foul air escaping through flues situated at the back of the boxes and galleries, or in the vertical walls of the benches in the amphitheatre. The volume of air to be evacuated from each house was estimated at thirty cubic metres per hour for each spectator. Now, although these data have in some degree been departed from, the results of the system are satisfactory, and the General now laid them before the Institute.

In one of the new theatres, the average volume of foul air discharged hourly amounted to 28½ cubic metres for each spectator. In all weathers, the internal temperature of the theatre was almost invariably maintained, in every part of the building at an average of 72° (Fahr).

— The Institute proceeded to the election of a corresponding member in the section of Medicine and Surgery. Professor Bouisson, of Montpellier, was presented first on the list by the Committee, and 45 votes out of 53 were in his favour. He was therefore declared duly elected. The other candidates were Messrs. Serres d'Uzès, and Ehrmann, of Strasbourg.

Academy of Medicine.—In the name of the Committee appointed to examine all questions connected with mineral waters, Mr. Gobley read three reports: The first and second propose the rejection of the request of a company to erect bathing establishments at Laversoie (Haute-Savoioie), and at Minaumont (Somme), and the third proposes to grant the authorisation for the Spa of Encausse (Haute-Garonne). The resolutions proposed were unanimously adopted.

— Dr. Danet read a paper *On the Efficacy of Succinum in Hooping-cough, Convulsions, and Colics, during the First Dentition.*

The author has been much struck by the analogy which he conceives to exist between the sequelæ of hooping-cough, and the symptoms generally attributed to the first evolution of the teeth.

He remarks that hæmorrhage from the eyes and ears, convulsions, and partial paralysis, are consequences as frequently observed after hooping-cough as during the growth of the milk-teeth. In both, meningitis, and especially tubercular meningitis, are met with.

Hence in Mr. Danet's opinion, hooping cough, which is but a neurosis, would often be merely the premonitory sign of inflammatory diseases, in the same manner as the colics of children, and alleged idiopathic convulsions are but the first stage of meningitis.

Arguing from these data, supplied by the observation of upwards of five hundred infants, Mr. Danet endeavoured to ascertain whether the treatment applicable to convulsions and nervous colic, might not likewise prove beneficial in hooping-cough, and *vice-versâ*.

After careful inquiry, and numerous experiments, the author at last came to the conclusion, that amber is the remedial agent from which the best effects are to be expected.

"Succinum, and succinic acid," says Mr. Danet, "very seldom fail in giving relief in the colic which accompanies teething, and are the active ingredients of several old and popular medicines. In convulsions, I have found succinate of ammonia, and the spirits of succinum, very effectual during the paroxysms. In hooping-cough and nervous cough, I give the preference to the essential oil, which has also been used, and always with good effect, in asthma. Thus the three compounds discovered by Berzélius have, as we had anticipated, yielded results in direct proportion with their relative power, and the intensity of the symptoms.

This paper was referred for examination to a committee, of which Messrs. Blache and Roger are members, and we may therefore expect to be soon placed in possession of positive information, as to the efficacy of the proposed remedies.

— The Academy then elected two members to the vacant seats in the sections of Chemistry and Hygiene.

Mr. Barthelot and Mr. Lébut were the successful candidates.

BIBLIOGRAPHY.

Traité des Maladies à Urines Albumineuses et Sucrés, ou de l'Albuminûrie et du Diabète sucré dans leurs Rapports avec les Maladies. (On Albuminous and Saccharine Urine, or, Albuminuria and Glucosuria viewed in their Relationship to Disease), *by Dr. Abeille, Knight of the Legion of Honour, Laureate of the Institute and Academy of Medicine, &c.* (a).

In his preface, M. Abeille informs us that the present work is the fruit of ten years' labour. A production of this kind must indeed be the result of serious meditation, patient inquiry, and extensive practice. We meet here with numerous cases, and striking statistical returns; the author frequently resorts to the process of induction, but he interprets his facts and supports his conclusions by luminous and concise argument.

The volume is divided into two sections, the first and most important being devoted to albuminuria. The subject is ushered in by a comprehensive historical sketch, and an interesting chapter follows on the structure of the kidney, which is illustrated by carefully designed engravings. The physiological functions of the kidney, the composition, chemical characters, and solid ingredients of urine, and the presence or absence of albumen in that liquid in health and disease, form the matter of the second chapter, and the opinions of all contemporary writers receive the proper meed of attention. The author then turns to the pathology of the urinary secretion, and dwells on the most accurate methods of ascertaining the specific gravity of the liquid, and the presence of albumen; the microscopic characters of pus, mucus, cylinders, epithelial casts, blood and saline ingredients are carefully described, and also the signs presented by albuminous urine after death, as indicative of diseased kidney.

Mr. Abeille bestows much attention on the morbid anatomy of Bright's disease, and brings forward, in the first place, Rayer's classification, which is but a complement of that proposed by Bright; he shows how arbitrary and unreliable are divisions which are only to be found in books, but are not met with on dissection, with their distinct and isolated characters. The author then reproduces and illustrates by diagrams the microscopic discoveries of German savans, and the no less important investigations of the English school, represented by Dr. George Johnson. All the varying forms of anatomical change are referred by Mr. Rayer to one cause, inflammation. Mr. Frerichs and his followers also proclaim the uniformity of nature of all renal affections, and Dr. Johnson himself, to a certain extent, admits the presence of inflammation in chronic disease of the kidney. Mr. Abeille, who with the greater part of the Profession disclaims any share in these exclusive opinions, demonstrates in the most peremptory manner, that inflammation is not the principal feature either in the acute or in the chronic stages of Bright's disease. The anatomical changes characteristic of this affection are not the only alterations consequent on albuminuria; others, singly or in combination with the former, are also observed, such as for instance, renal abscess, obstruction of the renal, emulgent, femoral or iliac veins, &c. The author inquires into the pathological value of these different lesions, and concludes that they must be viewed as secondary, or be classed with the changes consequent on cirrhosis of the kidney, or the fatty degeneration of the gland. He does not express himself so confidently with regard to the physical alterations induced by syphilis, but he acknowleges that the influence of the specific virus on the development of Bright's disease is highly probable.

Albuminuria is obviously the symptom of some organic or functional disease; it is the frequent and chief pathognomonic of various morbid conditions, and does not necessarily coincide

(a) One vol., 8vo. pp. 720. J. B. Baillière and Son, Paris.

with anatomical changes in the structure of the kidney; its significance cannot, therefore, be duly appreciated, unless its different manifestions be previously studied. The theories propounded on the pathology of the subject must, however, be in the first place carefully weighed, and Mr. Abeille discusses the pretensions of the rival doctrines which have sought to connect albuminuria with a change in the components of the blood, a functional disturbance leading to subsequent renal disease, or a primary alteration of the glandular tissue. This is but a renewal, under other names, of the old quarrel of the humoristic, vitalist, and solidist schools, allayed for a time by the efforts of Broussais, whose equally exclusive system has not obtained lasting favour with the Profession. The reduction of all the unsolved problems of pathology to a few theorems, would be no less gratifying to the understanding, than useful to the science of therapeutics, but midnight lucubrations are seldom confirmed by clinical observation, and when, despite a certain degree of resemblance with each other, facts betray a different origin, attempts to trace them all to a common derivation must necessarily be abandoned. Our author is above all a clinician, and is not to be deceived by the allurements of the most enticing theory. Many years' practice have taught him that prudent eclectism is the safest guide of the medical inquirer, and he acts accordingly. "Probability," says he, "is in favour of previous change in the composition of the blood, and facts point to structural lesions of the kidney as the precedent and cause of albuminuria." Such is the present state of our knowledge, which must neither be lost sight of, nor sacrificed to exclusive theories. Mr. Abeille, moreover, willingly acknowledges that various changes are observed in the renal texture, not all proceeding from the same origin, nor leading to the same anatomical consequences, but which, taken in combination, form what is commonly called Bright's disease.

All observers have remarked that the presence of albumen in the urine may be merely accidental, or acquire a more or less durable character. Mr. Abeille also takes this practical view of the subject, and studies in separate chapters transient and permanent albuminuria. The frequency of this condition must be a cause of some surprise, when we reflect how very recently it has been discovered. It is met with in a temporary form in neuralgia, tuberculosis, inflammation of the lungs, heart, or abdominal viscera, in diphtheria, cholera, eruptive affections, and paludal fevers. Mr. Abeille adduces instances of each of these affections, frequently with the notes of the *post-mortem* examinations. With regard to paludal fevers, we should not omit to mention that the author establishes the connection between albuminuria and anasarca. In the cachexia induced by marsh miasma, serous effusion is almost invariably observable, and anemia is present with albuminuria. If, from any accidental cause, the amount of albumen in the blood undergoes any further diminution, the transudation of the serum is facilitated, and dropsy follows. The fact had long been known, but the interpretation is now supplied.

Scarlatina is the most prominent among the diseases in which albuminuria is a more or less permanent symptom, and Mr. Abeille accounts in a plausible manner for the complication, which has been hitherto almost always erroneously referred to exposure to cold during the period of desquamation. In scarlet fever, the mucous, and even the serous membranes, are affected, and albuminuria, is the result of a morbid condition of the uriniferous ducts, during the desquamation of their lining membrane; and in proportion with its extent, but quite independently of the state of the cuticle, albumen is found in the urine in a more or less enduring manner. The author further demonstrates that renal congestion is invariably present in scarlatina,—that in more than one half of the cases no albumen can be detected in the urine,—that the morbid state of the kidney lasts from two to twenty-seven days, and that Bright's disease exists in one out of every eight cases, at most. These indications greatly facilitate the diagnosis of scarlatinous albuminuria: Bright's disease is marked by the coincidence of anatomical change in the renal structure, with œdema, and the passage of albumen into the urine. Now, in scarlet fever, the kidney is always implicated, the œdema at once attracts attention, and the frequent examination of the renal secretion supplies the required evidence. The principal disease may, it is true, be more or less concealed by nervous disturbances, but when this circumstance is borne in mind, it is difficult to fall into error. In England, statistical returns point to formidable mortality in scarlatina, aggravated by the presence of serous effusion. In the author's practice, fatal results would appear to have seldom occurred, except in cases of serious complication, such a diptheria, pneumonia, pericarditis, &c.

Uremia is, after scarlatina, the most frequent complication of permanent albuminuria. This condition, consisting in the accumulation in the blood, in morbid proportions, of urea, a small amount of which is present during health, and should be eliminated by the kidney. Mr. Abeille does not agree with Frerichs, that uremia is the result of the transmutation in the blood of urea into carbonate of ammonia, which would give rise to the peculiar intoxication; he describes the acute and chronic forms of this specific poisoning of the system, the brain being affected in the former, and the spinal cord in the latter variety. He then turns to the consideration of eclampsy, a strange and formidable affection, which has been erroneously connected exclusively with the gravid and puerperal conditions, and is equally common in Bright's diseases. The author views eclampsy as a neurosis characterised by momentous disturbance of the instruments of sensation, motion, and intelligence. He reproduces the eloquent delineation of Braun, and endeavours to point out the premonitory signs of the disease, and the probable period of its appearance. Every line betrays the anxiety of Mr. Abeille to throw light on the diagnosis. Examination of the urine is here again of the greatest assistance to the practitioner. The coincidence of albuminuria with pregnancy has given rise to much discussion, and naturally occupies an important place in this part of the volume. Three leading questions have especially been the object of controversy, and their solution is of the highest interest to prognosis. The most eminent obstetricians in France, in Germany, and in England, are here at issue. Mr. Abeille brings forward each opinion, takes counsel of his own experience, and concludes in the first place, that albuminuria is indicative of Bright's disease in a minority of cases only, and is then a dangerous complication; but that, in most instances, it is merely expressive of a change in the condition of the blood, and ceases soon after delivery. The second question has also given rise to animated debate; it is one of considerable interest, and refers to the nature of the connection between puerperal eclampsy and albuminuria. Here it is unfortunately certain that the almost invariable dependence of one or the other must be admitted as a fact; yet Mr. Abeille relates a case from his own practice, which shows beyond doubt the possibility of the occurrence of eclamptic fits without any concomitant albuminuria. With regard to the third question, he contends that eclampsy is not the result of the violence of the labour-pains, and he acknowledges that puerperal convulsions coincident with albuminuria present considerable peril, but that in one-half of the fatal cases, no renal disease is found on dissection, and that in two-thirds of the instances which terminate favourably, recovery sets in shortly after parturition.

The great attraction of the volume before us lies, however, in the minute study of Bright's disease, which is evidently the author's favourite subject. He carefully preserves the classification of the complaint in the acute and chronic forms, not from blind adherence to custom, but because he conceives that when the practitioner succeeds in establishing the diagnosis of the acute stage, he may confidently rely on effecting a cure. The time is no more when the mere announcement of the existence of Bright's disease was equivalent to a fatal verdict. It is also some onsolation to be aware of the fact, that the chronic form is not so frequently as has been supposed, the consequence of the acute variety. We strongly recommend a perusal of this portion of the work; classical books on this subject had hitherto afforded us but a mere sketch of the causes of the affection; the œtiological elements were, it is true, to be found scattered in the various periodicals; but had never yet been properly assembled and classified. We enumerated, when alluding to transient albuminuria, a long list of complaints, which by their persistency may induce this

alteration of the kidney, and diphtheria, tuberculosis, diseases of the heart, &c., are frequent complications. When Bright's disease assumes the acute form, an inquiry into the causes is not without interest to the therapeutist. The history of the patient, the symptoms, and examination of the urine with the microscope, will then be in general sufficient to establish the diagnosis with accuracy, and the practitioner will remember that in one-fifth of the cases, the complaint can be traced to disease of the heart. Despite the gravity of the chronic form, Mr. Abeille conceives that a recovery is not to be despaired of; his confidence, unfortunately, does not repose on any new measures of treatment; he has recourse, like other practitioners, to general and local blood-letting, sometimes to large doses of tartar-emetic, almost always to laxatives, seldom to drastic medicines, to warm drinks, diaphoretics, and the lamp-bath; he rejects diuretics except during the stage of renal congestion, expects but little benefit from blisters, and, according to the requirements of each case, prescribes alkaline drugs, tonics, chalybeates, and more especially the sesquichloride of iron, &c., this treatment therefore does not materially differ from that usually adopted, but he lays with reason much stress on certain opportune indications, for the happy art of seasonable interference is the great secret of sound and successful practice.

The second part of the work is devoted to the history of diabetes mellitus. The analogy between this disease and albuminuria has induced Mr. Abeille to unite their description in one volume, and this reason formerly led him to treat of cysts and dropsies in the same publication. Glucosuria may be transient, protracted, or permanent. In the former instance, it is relatively unimportant, and may be consequent on nervous disturbances, hysteria, epilepsy, and convulsions, for instance, or cerebral concussion, hepatic, gastric, or mesenteric affections. Like albuminuria, diabetes may occasion amblyopy, and progressive blindness, and both diseases are not unfrequent causes of dropsy. It is, moreover, a practical remark of no inconsiderable interest, that if albuminuria is frequently complicated by the presence of diphtheria, and other infectious complaints, senile and pulmonary gangrene, carbuncle, and anthrax very usually coincide with diabetes, and sometimes seem to produce it. In this disease, therefore, a change has manifestly taken place in the composition of the blood. But here analogy ceases: in permanent glucosuria, or genuine diabetes, the anatomical seat of the complaint remains a mystery, whereas dissection has revealed with the utmost accuracy the physical changes to which albuminuria is referrible. Setting aside a few instances of diabetes, consequent on traumatic or experimental injury of the fourth ventricle of the brain, the author unhesitatingly pronounces glucosuria an idiopathic affection. He minutely describes its symptoms, quotes the physiological researches to which the subject has given rise, and discusses the various theories which have been brought forward on the pathological production of sugar. The most convenient tests of diabetic urine are enumerated, and the simplest method appears to the author to be the best,—viz., the addition to the suspected liquid of caustic potash or lime-water.

We may have failed in the appreciation of the original portion of Mr. Abeille's work, and we acknowledge our inability to do adequate justice to the practical character, sagacious observation, and power displayed in this volume. It is, in our opinion, the most exhaustive production which has yet been offered to the public on the subject of albuminuria, and must henceforth be consulted by all who may undertake to write on the same question.

A. Dobbe, M.D.,
Surgeon 3rd Regt. Grenadier Guards.

Annuaire de Thérapeutique, de Matière Medicale, de Pharmacie et de Toxicologie pour 1863. (Annual of Therapeutics, Materia Medica, Pharmacy and Toxicology, for the year 1863), *by A. Bouchardat, M.D., Professor of Hygiène at the Faculty of Medicine of Paris,* (*a*).

Annuaire de Médecine et de Chirurgie Pratiques pour 1863. (Annual of Practical Medicine and Surgery for the year 1863), *by A. Jamain, M.D., Surgeon of the Hospitals of Paris,* and *A. Wahu, M.D., Retired Physician of the Military Hospitals* (*a*).

These volumes are the youngest offspring of numerous families. Mr. Bouchardat's annual is the twenty-third yearly production of the author, and the work of Messrs. Jamain and Wahu is the eighteenth in order of succession, presented to the profession by these gentlemen. We cannot allude without a feeling of sadness to the latter publication, Mr. Jamain, whose talents and industry so greatly contributed to its popularity, having suddenly died before the completion of the present performance.

In the preface, Mr. Bouchardat remarks that if no new medicines have been discovered in the course of the last twelve months, yet therapeutics have benefited by ingenious and novel applications of remedies previously known. The articles devoted to the efficacy of aconitine and tincture of aconite in uterine hæmorrhage will be perused with interest. We must also notice the observations on the use of hemlock in glandular enlargement, of nux vomica and diaphoretics in albuminuria, of acetate of potash and tar-water in gonorrhæa, of the alkaline treatment in rheumatic fever, of Lanfranc's collyrium in puriform ophthalmia, of the biniodide of mercury in bronchocele, of acetate of lead in pneumonia, &c.

Mr. Bouchardat also speaks highly of the beneficial effects of nitrate of silver in progressive locomotive ataxy; we cannot unfortunately share his confidence in this remedy, and had the learned author been present at the concluding lecture of Mr. Trousseau's clinical course, we are inclined to think he would have altered his opinion of what he is pleased to call the most important therapeutic discovery of the past year (*b*).

The most notable passages in Messrs. Jamain and Wahu's annual, are consecrated to a carefully drawn up summary of the various inquiries on emboli, on progressive muscular atrophy, on coxalgia, fractures of the base of the skull, local changes in the nervous texture, premature artificial delivery, &c."

Messrs. Jamain and Wahu further present us with a complete bibliographical table of all the publications of the year, and with a list of all the theses defended at Paris, Montpellier, and Strasbourg.

We should not have omitted to state that the most important chapter in Mr. Bouchardat's annual, is the reproduction of the learned author's speech at the Academy of Medicine on the subject of drinkable waters.

Traité des Désinfectants sous le Rapport de l'Hygiène Publique (on Disinfectants and their Connection with Public Hygiéne), by *A. Chevallier, Dispensing Chemist, Officer of the Legion of Honour, Member of the Academy of Medicine, &c.* (*c*)

In 1859 and 1860, thanks to Mr. Velpeau's efforts, the question of disinfectant substances assumed an important place in the debates of learned societies, and in the eyes of the Profession and of the public. Coal-tar, chlorine and chlorides, iodine, the sulphates of iron, zinc, and alumina, charcoal, &c., became household words in all our scientific periodicals, and in the discussions of the Academies. In France, however, a nine-days wonder scarcely outlives even that short period, and the rumour excited at the time by Messrs. Corne and Demeaux's communications is now nearly forgotten.

Questions of public hygiene, nevertheless, do not pass away so speedily from the thoughts of the learned, whose opinions are consulted, and amongst these problems, none assuredly is invested with so momentous and enduring interest as the study of the substances calculated to modify the insalubrity of

(*a*) One vol. 32 mo. pp. 340. Germer Bailliere, Paris.

(*a*) One vol. 32 mo. pp. 308. Germer Bailliere, Paris.

(*b*) In Germany, however, where the disease is designated as *progressive spinal paralysis*, fresh cases have recently been published on the curative effects of nitrate of silver.

The *Gazette des Hopitaux* states, on the other hand, that, with the assistance of this drug, Mr. Bouchut has effected a cure in a case of idiopathic paraplegia, in a young subject. We shall take an early opportunity of reverting to these facts.—H. E.

(*c*) One vol. 8vo., pp. 180. P. Asselin, Paris.

the atmosphere, to remove fetid effluvia, neutralise noxious emanations, and prevent the development of diseases caused by protracted residence in unhealthy localities. In Mr. Chevallier's treatise, matters which had too promptly lapsed into oblivion, are again brought into notice, the disinfecting measures applicable to dwellings, hospitals, stables, &c., are inquired into; the author has unquestionably attempted a useful enterprise, to which we earnestly invite the attention of local administrations, and of the medical officers of public establishments, as well as of the humblest country practitioners. Mr. Chevallier's volume treats of all disinfecting substances in succession, and neglects none of the applications which correspond to the daily requirements of the medical practitioner. One extract (page 104), for instance, will illustrate our meaning; alluding to the uses of chloride of lime, the author relates the following case:—

"In an instance of premature confinement, the after-birth was retained within the uterus, and as it could not be removed in consequence of the weakness of the cord, putrefaction of the placenta set in. An extremely offensive discharge followed, and the external organs were in a state of intense irritation. Mr. Deslandes performed uterine injections with a decoction of marsh-mallow-root, containing one-fifteenth part of its weight of chloride of lime. Immediately after the first operation, the fœtid odour disappeared, and did not return The uterine pains previously complained of were also allayed, and although the last fragments of the placenta were expelled in a state of decomposition eighteen days after labour, the offensive odour was not reproduced, thanks to the persevering use of the disinfecting fluid."

We regret our space does not allow of ample quotation from the chapters devoted to charcoal, its preparations and uses. The great utility of this cheap substance is not duly appreciated. But we have said enough to show that this work has its appointed place in every practitioner's library, because not a day will elapse when it may not be referred to with benefit.

SCIENTIFIC ARTICLES.

ON TOBACCO; IN ITS RELATION TO THE HEALTH OF INDIVIDUALS AND COMMUNITIES.

By Dr. W. B. Richardson.

(Continued from page 271.)

The physiological evidence we possess leads us to assume, nearly conclusively, that the first impression made by the tobacco smoke is on the blood. It is, in fact, almost certain that the products borne in the fumes (which, without alarming the most tremulous smoker, we may, for the sake of scientific accuracy, call poisons), act on the precise degree that the blood, receiving them by the lungs, absorbs and retains them; and as the different substances named are absorbed by the blood and retained by it in different proportions; and, as the blood under various states absorbs the same substance with various degrees of power, it follows naturally that the effects of tobacco smoke are not the same in degree in different persons, nor the same in the same person at all times.

That a clear idea may be obtained in respect to the general or compound action of the smoke of tobacco, I will first describe the conditions it induces in their extreme development. I will show the order of its effects in their rapid or acute form, and from that will descend, the more readily, to the consideration of the slower, and, as they may be called, chronic effects of tobacco—those effects which are observed in persons who are said to be confirmed smokers.

The action of tobacco smoke extends to all the animal kingdom: it exerts an influence on everything living. We place a few mites from a cheese under the microscope, and direct upon them a current of tobacco smoke from an ordinary pipe. In a few seconds the little animals reel over, their limbs become convulsed, and they even appear to die; but on them the effect of the air is most active, and as the poisonous vapours exhale readily from their bodies, they recover after a time. On flies, and bees, and wasps, the same consequences may be observed, after they have been exposed to the smoke Frogs also succumb to it, but slowly, and birds very rapidly. On cats, rabbits, dogs, and pigs, the symptoms produced are powerfully marked at first, and, taking into account the difference in size of the animals, the phenomena presented are the same in character. I may note, as a preliminary fact, that it is no difficult matter to kill an animal by the fumes of common tobacco, and this even if the air be constantly changed, granting that, as it enters the chamber, it is charged with the smoke. On dogs, in fact, the fumes of burning tobacco are infinitely more potent than those of opium. Thus, if a small dog, or a cat, be placed in a chamber capable of containing three thousand cubic inches of air, and the smoke derived from a quarter ounce of shag tobacco be passed through the chamber, the symptoms of tobacco poisoning will show themselves within the first fifteen minutes, and in from half to three quarters of an hour death will take place. The symptoms, from inhalation in a similar way, will also show themselves quickly in man, although the experimentalist be inured to smoking. I myself once inhaled the product from one pipe holding sixty grains of tobacco, the said product being diffused through five-thousand cubic inches of common air; within four minutes the signs of specific tobacco poisoning set in, and I was compelled to desist.

In common conversation we speak of tobacco as a narcotic poison, and the anti-tobacconists are everlastingly dinging into our ears their statements respecting the effects of this terrible "stupefying" drug; but, in truth, the idea that tobacco is a narcotic is as false as it can be: tobacco is no more a narcotic than is strychnia; if it were, it would be infinitely a more grateful friend at first sight than it is. Your true narcotic is really a seducing body, that asks you to apply to it again, with a meaning that is pleasant at the time, and not unpleasant afterwards to the recollection; but your tobacco raises its victim's whole soul into a fervour of abhorrence. It is so candid that it tells you at once, "I am a devil, and these are my tortures: try them again, if you dare."

For my own part, I have luxuriated in a bath of laughing gas; I have been under ether and chloroform; and once, by an accident, in which Battley's solution of morphia was given me, in a mixture, in mistake for tincture of bark, I tasted opium freely, and I know from these experiences what a true narcotic is. I can recall at any time the visions produced by the laughing gas and the opium: how to the mind all the universe seemed enlarged, and space lost in space; how in what was but a second of time centuries were first closely enrolled and then expanded into vast history; how every sense was exalted, and imagination seemed so far set free that the dull body was left behind, having no control, and subject to none; and the visions thus recalled are something to think upon like visits to magnificent pictures, or great cathedrals, or unrivalled landscapes, or opera in its highest art. But the recollection of these by the recollection of tobacco poisoning, is to compare the extremes of happiness and torture—incarceration in cutting irons in a Southern slave-holder's worst cell, with a banquet at the Crystal Palace on a fine day of July, in the company of England's merriest men and best scholars.

The symptoms called into existence by the rapid inhalation of tobacco smoke may be produced in the same degree by a different mode of administration. If instead of letting the fumes pass into the lungs of a man or animal, we condense them by drawing them through a globe surrounded by a freezing mixture, we obtain in solution all the products, minus the carbonic acid gas, and a portion of the ammonia. If this solution now be given by the mouth, the same symptoms are induced as by inhalation, but with this difference in regard to time, that they are immediately developed. Thus the fluid condensed from one good Havannah cigar is capable of inducing in a rabbit active convulsions without death, while the fluid condensed from six ordinary pipes of common shag tobacco, smoked precisely as a man would smoke them, is sufficient to destroy a rabbit within three minutes after the administration.

There is one other point to be considered in this paper. It will be asked, what are the conditions of the organs of the body during the time that a person who is learning to smoke is undergoing his penance? As regards the human body, neither I nor any other physician could speak with certainty, for the facts have not been observed; but from analogy derived from the inferior animals, which analogy must be very perfect, the conditions of the vital organs are as follow:—The brain is pale and empty of blood; the stomach is reddened in round spots, so raised and pile like, that they resemble patches of dark Utrecht velvet; the blood is preternaturally fluid; the lungs are pale as the lungs of a calf, as we see them suspended in the shambles; while the heart, overburthened with blood, and having little power left it for its forcing action as a pump, is scarcely contracting, but trembling as if, like a conscious thing, it knew equally its own responsibility and its own weakness. —'Social Science Review.'

Cinchona in Java.—The Dutch government, having prohibited the culture of opium, has wisely favoured the production of the cinchona, imposing upon the planters such regulations as are necessary to the preservation of the trees.

Increased Expense of Pauper Lunatics.—At the last quarterly meeting of the Bedford Town Council, the clerk reported the increased expense of the Borough pauper lunatics, and attributed it to the operation of the new law. He said that the matter had been represented to the Home Office.

THE MEDICAL CIRCULAR.

WEDNESDAY, MAY 27, 1863.

THE MEDICAL COUNCIL.

The Medical Council is now sitting, and the period is therefore appropriate for considering the work that it has already done, and what it is likely to do in future. One negative merit which it possesses is that it has never promised anything, and therefore the Profession has, perhaps, no right to feel disappointment at its shortcomings.

In our last number we alluded to the heterogeneous nature of the elements of which the Medical Council is composed, and considering the materials of its constitution, the wonder is, that it has done anything at all. Its members are necessarily placed in such a position of antagonism to one another, that, like a collection of vehicles going in opposite directions in a narrow street, mutual obstruction is the almost inevitable result. The general good of the mass of the Profession has never been considered the object to be held in view by the Council; and as to the preponderance of one College or University over another, such a consequence is of course obviated by the operation of reciprocal jealousy, mistrust, and opposition. It may, perhaps, be imagined that the virtual extinction of the University of St. Andrews' as a Medical examining body, was owing to the influence of the English and Irish Universities; but, strange as it may appear, that ancient Caledonian seat of learning had the blow aimed against it by its own countrymen, and, as it turned out, with deadly effect.

When we turn to the question as to the amount of work already done, the answer lies in a very small compass. The only task which has yet been accomplished in the eyes of the public is the production of the Register, the demerits of which have been too often discussed to render it necessary to do more than allude to the subject in a general manner. Yet it must be admitted that some little good has been effected by this publication, and it is, perhaps, quite competent for the Council to do much more if they are inclined vigorously to put their shoulders to the wheel. It is true that the names of professors of various forms of quackery are still retained in this book, and the law gives the Council no power to strike them off; but the 29th clause of the Medical Act is certainly capable of a wider application than it has already received, and registered Medical practitioners who may, "after due inquiry, "be judged by the General Council to have been guilty of in-"famous conduct in any professional respect," are liable to have their names erased from the Register. It may be urged that the utility of this clause, even if acted upon, is rather questionable, because the worst species of quacks rather boast of being independent of any professional control; but still, as some of them with an inexplicable foolhardiness venture within our precincts and bring disgrace upon our body, it is only right that when their delinquencies are exposed, they should be summarily and ignominiously ejected.

But while the visible signs of vitality and efficiency are not very capable of demonstration to the general public, there can be little question that the Council is gradually working out some important changes, which cannot fail to have a beneficial influence upon a coming generation, if even they leave but few footprints on our own. We allude to the subjects of Medical Education and Examination, points on which the more advanced school of Medical Reformers had very few definite opinions, but which have long engaged the attention of thoughtful minds. We are happy, therefore, to record, amidst all the conflicting feelings which agitate the Medical Council, a growing desire to improve the standard of education, and to induce uniformity of plan into the existing schemes of Medical examination. Yet we do not accord this meed of praise in an unreserved degree, because on some late occasions it has been but too manifest that beneficial changes in Medical education have been opposed in the Council on mere selfish grounds, and from the fear that any elevation of the existing standard may diminish the contents of some of the collegiate and university coffers. We have no desire to make any invidious remarks, or to signalise any particular corporation; but we know that some are justly liable to the charge. A greater amount of praise is therefore due to those enlightened members of the Council who have fought, and are still fighting, the battle in favour of improved education, both in the department of General Literature and Science, and in that of Medicine, properly so-called, and we hope that their efforts will at last be triumphant in spite of the influence and the numbers of their antagonists.

A more strict requirement from Medical students of preliminary attainments in Arts, and a more regular and systematic plan of conducting the periodical Medical examinations, may indeed have the effect of dissuading some aspirants from the pursuit of Medicine, or may divert into other channels of industry some who have already embarked in their career; but this objection is but trivial in comparison with the great advantages which must eventually ensue in having a well-educated and well-trained body of practitioners engaged in the practice of the healing art.

It is pretty generally known that the determination of the Medical Council to insist upon an examination in Arts by a candidate before he enters upon his Medical studies, has met with considerable opposition in the Council itself, and that the rules in reference to this important subject have been evaded, if not positively disregarded, by some of the examining Boards. This matter will probably again receive attention from the Council, and we hope that the result of its deliberations will be in accordance with reason and common sense, and that no selfish views will be allowed to stand in the way of useful legislation.

The lately established course of study enjoined upon a candidate for a Medical or Surgical qualification, comprehends in the first instance an examination in Arts; then a certain attendance on Lectures and Hospital practice, followed by a First Examination in what may be called the Institutes of Medicine, as Anatomy, Physiology, Chemistry, Materia Medica, and Botany; and, finally, at the conclusion of the curriculum, a Second Examination, comprising Medicine, Surgery, and Midwifery, with Pathology and Forensic Medicine. If such a course is faithfully followed out by the student, many of the evils formerly complained of, will be removed; pupils, before entering on their proper professional studies will have received the education of gentlemen, and the periodical and practical examinations to which they are successively subjected, will obviate the necessity of grinding and cramming, or of accumulating mere book learning, and attending an unlimited number of mere lectures. Uniformity throughout the United Kingdom in these examinations has long been a desideratum, and the Medical Council has endeavoured to enforce it as far as its powers extend.

SMALL-POX AND VACCINATION.

At the risk of being tedious we again advert to the subject of the present prevalence of Small-pox, and the necessity of general and efficient vaccination, and we do so the more urgently because it appears that the number of deaths is now rather below the usual weekly average, and this circumstance is already alleged as a sufficient reason for relaxing any prophylactic measures against the disease. Experience has taught us that as soon as the immediate panic caused by the epidemic has passed away, the subject is forgotten, and vaccination is generally neglected, although the immunity from small-pox is best obtained by the regular and systematic practice of vaccination during the intervals when small-pox is absent. Whether the disease may be exterminated altogether from the civilized world by the universal and compulsory practice of vaccination is perhaps a matter of some question, although we think that the arguments are very strong in favour of this view; at any rate it appears that in certain despotic governments where the operation of vaccination is compulsory, small-pox is unknown, and we have already alluded to the fact that the nurses of the Small-pox Hospital (who are all vaccinated on their first appointment) never take small-pox, although placed in the very focus of the contagion. These facts are strong enough to convince any reasonable mind of the great efficacy, to say the least, of the prophylactic power of vaccination, but unfortunately all people's minds are not reasonable, and while small-pox is temporarily absent, vaccination is opposed or neglected.

We print the following letter, inserted in the pages of a morning contemporary, because it emanates from a man who is not only entitled to speak with some authority on the preventive power of vaccination, but who is, moreover, a gentleman of great scientific attainments, and is therefore not likely to draw conclusions without maturely weighing his facts. Nevertheless, we confess that we are not entirely convinced by his reasoning, and that we ourselves lean to the view that small-pox does sometimes occur even after efficient vaccination, and that a repetition of the latter operation is often very advisable, if not absolutely necessary.

TO THE EDITOR OF THE TIMES.

SIR,—During the last few weeks the question of small-pox and the protective powers of vaccination has produced much excitement in the metropolis and elsewhere. Having been a vaccinator of the National Vaccine Establishment for 40 years, and having during that period vaccinated above 43,000 persons, I feel justified in expressing my entire conviction that vaccination *properly performed* is as effective a preventive of small-pox as small-pox itself is. Two points of inquiry have always engaged my attention—the one as to the occurrence of small-pox after vaccination; and the other as to the number of persons re-vaccinated. The information given me can, of course, only be considered as approximative to the truth, but I believe that less than a hundred cases of secondary small-pox (none of them fatal) have taken place, and that not more than 3,000 out of the 43,000 have been re-vaccinated, proving to my mind most satisfactorily the delusion of the idea that the protective powers of vaccination are diminished or worn out in the course of time. I have no faith in limited protection, or in limited liability, and have always imagined that one perfect vaccination was sufficient, but, inasmuch as one cannot always be aware of disturbing causes which might interfere with its efficiency, it is, I think, desirable to have a second vaccination to test the security of the first. But it is of no moment whether such second vaccination takes place after the lapse of a fortnight, or of any given number of years. Should the second vaccination present the usual modified conditions observable after successful vaccination, the patient, I believe, never requires the operation to be again performed, but is safe for life.

I have the honour to be, Sir,
Your obedient servant.
N. B. WARD.

In the conflict of opinion between Medical authorities and the Boards of Guardians, as to the necessity of isolating cases of small-pox in airy and detached localities, the parochial functionaries have carried their point. Not only does St. Pancras receive its small-pox patients into the parish workhouse, but St. George's, Hanover square, does the same. We are also informed, in a Report made to the Medical Officer of Health for Islington, that the Poor-law authorities decline to put into force their powers under the Compulsory Vaccination Act, and the same document tells us that "for many years "past this parish has had a carriage for the conveyance of small-"pox cases to the Hospital, but notwithstanding, numerous "cases, both from this and other parishes, go there in cabs, "which, on depositing their fares, immediately go upon the "stand in Upper Holloway. Persons have been seen to enter "such vehicles shortly after the latter have left the premises of "the Small-pox Hospital."

These statements need no comment, as they speak for themselves.

SUMMARY OF THE WEEK.

STAGNATION IN MEDICAL POLITICS.

The Medico-Political atmosphere during the last week, to judge by the Medical journals, has been unusually serene, and we have not the slightest notion whether a breeze is ever likely to spring up in any quarter, but perhaps Admiral Fitzroy will be able to give us timely notice when a change is about to occur. One Medical journal gives us, *faute de mieux*, nearly two columns on the Physiology of Tea-drinking, and nearly one on Fog-Signals, while two others of our contemporaries hardly favour us with any leading articles at all. While the first of our Editorial *confrères* is rapturous on the subject of tea, "the cup which cheers but not inebriates," another expatiates with almost equal gusto on the merits of some water sent from St. Galmier, which is stated to be "beautifully "clear, sub-alkaline, and nearly as good as Seltzer water." Whether the imbibition of such mild fluids as the infusion of Bohea and the water of St. Galmier has anything to do with the present pacific condition of the Medical Editorial world we cannot determine, but at any rate we are glad to observe the existing tranquillity, and hope that it will be long before the storm signal is again raised. After all, it is better to sip Bohea or to quaff sparkling bumpers of mineral water, than to fight at shadows or to quarrel with one another, and the progress of Medical Science is more likely to be secured by the habitual use of such soothing beverages, than by resorting to more stimulating and pernicious diet. We may mention, however, that although having very little relation to Medicine, the Fossil Man of Abbeville is ably discussed in one of our Medical contemporaries, the writer leaning to the opinion as to the fossil nature of the human jawbone found at Moulin Quignon, near Abbeville. The coeval antiquity of the flint implements, however, does not seem to be generally admitted.

THE DINNER OF THE SOCIETY FOR THE RELIEF OF THE WIDOWS AND ORPHANS OF MEDICAL MEN.

The seventy-fifth anniversary festival of the Society for the Relief of the Widows and Orphans of Medical Men in London and its vicinity was held on Wednesday last, at the Albion Tavern, and was very numerously attended. The chair was occupied by the President, Thomas Arthur Stone, Esq., who was supported by Dr. Watson, the President of the College of Physicians, Dr. Babington, Dr. Pitman, Sir Charles Locock, Sir W. J. Fisher, Dr. Burrows, Dr. F. Hawkins, Mr. Charles Hawkins, Mr. Ware, Mr. Erasmus Wilson, Mr. Propert, and many other distinguished members of the

Profession in London. Among the non-medical company were two who possess hereditary claims to the respect of the medical community—namely, Mr. Baillie, the only son of the late distinguished Matthew Baillie, and the Hon. George Denman, Q.C., the son of the late Lord Chief Justice Denman, and grandson of Dr. Denman, the celebrated physician and obstetrician, one of the founders of the Society. Dr. Watson, in returning thanks for the whole of the Medical Corporations, made, as is his wont, a kind and conciliatory speech, and all the other speeches were characterised by good feeling, and what is much to be admired, a commendable brevity, the intervals being relieved by music. The statement of the treasurer announced donations to the amount of nearly 300*l.*, which may be considered rather a small sum; but as there is no building to pay for, and there are no extraordinary expenses to meet, it is perhaps as much as might be expected. As we have before stated, the object of the Directors of this Society is to encourage more members to join it, in order that the participation in its benefits may be expanded over a wider sphere; and we feel sure that its operations only require to be generally known to make them universally appreciated. We must repeat that life is short and its duration uncertain; and those who wish to leave a provision for their wives and children, or to help the wives and children of their deceased brethren, who may perchance have been less fortunate than themselves, should hasten to join this excellent Society.

THE UNIVERSITY COLLEGE HOSPITAL.

We do not usually allude to the financial affairs of any of the metropolitan hospitals, but under the peculiar circumstances of the case, we cannot omit the opportunity of stating that a dinner is announced to take place on Tuesday the 2nd of June, in aid of the funds of the University College Hospital, under the auspices of Lord Brougham, the President of the College, and a number of distinguished noblemen and gentlemen. This Hospital has no endowment, and is dependent almost entirely upon the precarious and fluctuating support afforded by the fees of students, which are quite inadequate to the purpose, and we understand that a considerable debt has been incurred, very materially impairing the efficiency of the charity. Although the College and the Hospital no longer hold so prominent a rank as they once occupied, yet many students have gone forth from their portals to fill important positions both in this country and the colonies, and it will surely be sufficient to announce to them that their *alma mater* is in want of their aid, to induce them to lend a helping hand for its relief. Her Majesty has been pleased to head the subscription list with a donation of 100*l.*, and there can be very little doubt that many among the noble and wealthy classes, as well as the members of the Medical Profession, will follow the example so graciously set by their Sovereign.

SPECIALISM IN AMERICA.

The 'American Medical Times' informs us that the Commissioners of Charities in New York have addressed a communication to one of the Hospitals, inquiring as to the propriety of establishing specialties in the Hospital, as, for instance, for diseases of the eye, the ear, the nervous system, and the skin. The Editor, in referring to this subject, remarks that the tendency of the present age is towards the division of labour in medicine, as in other departments of human science and industry; and that the limited powers of the human mind disable it from comprehending all the details of an extensive department of science. Mere convenience, therefore, and the necessities of the case, have subdivided the labour among a great number of practitioners, and students have been attracted to the pursuit of specialties by observing the success that has attended many engaged in such practice. But the writer judiciously remarks that whatever may be the ultimate intentions of the young medical man as to his line of practice, the study of specialism should be avoided in his earlier years; and that he should rather, at that period, endeavour to obtain broad and comprehensive views of Medical science in general, than restrict his views to one particular and limited department. When, however, the young Medical man has acquired this preliminary and essential basis, it may become expedient for him to adopt some particular line of practice; and as for the classification of diseases in large Hospitals, it is a subject well worthy of the most serious attention. Such are the views of our American contemporary, and we think them sensible and appropriate.

THE BRITON MEDICAL AND GENERAL LIFE ASSOCIATION.

We beg to draw attention to the last Annual Report of the Briton Medical and General Life Association, published in our advertising columns. One great feature of this Society is that it asserts the important principle of doing justice to the Medical Profession, whose services are so essential in the cause of Life Assurance. The amalgamation between the New Equitable and the Briton Life Associations has been effected within the last year, and this fusion of the two Societies has been of essential service to both. The present income of the Association may be estimated at more than 110,000*l.* per annum, and the funds in hand amount to 180,000*l.* The contrast between the number of proposals and the amount assured in 1861 and 1862 afford a sufficient proof of the progressive prosperity of the Society, the number of policies issued and sums assured in 1861 being respectively 1,839 and 349,990*l.*, and in 1862 being 2,023 and 459,540*l.* The annual premiums paid in the two years respectively were, in 1861, 10,084*l.*, and in 1862, 15,275*l.* Among the governing body of the united Society we find the names of Dr. Barlow, Sir Charles Hastings, Professor Partridge, Dr. Tyler Smith, and Mr. Propert.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Professor HUXLEY continues his lectures on the "Structure and Development of the Vertebrate Skeleton," his present subject being the skull of fishes; and after describing that of the Sturgeon and Spatularia, among the cartilaginous fishes, he proceeds to the cranium of the osseous fishes, especially the sword-fish (*xiphias*) and the fistularia, with their extraordinary maxillary or nasal elongations. The lecture is illustrated, as usual, with several well-executed woodcuts. Dr. C. B. RADCLIFFE continues his interesting Lectures on "Certain Diseases of the Brain and Nervous System," with special reference to the changes of opinion and practice which result from recent researches in physiology and pathology: and he shows that convulsion is the sign of weakness, not of strength, of irritation, not of inflammation. He also adduces an ingenious, although rather fanciful theory to account for irritation, by supposing the exterior and the interior of the nerve-tubes to be in opposite electrical conditions, like the surfaces of a Leyden jar, and that the reversal or disturbance of these conditions gives rise to "irritation." Convulsion, Dr. Radcliffe concludes, is the sign of depressed, and not of

exalted vital action. Dr. F. W. Pavy continues his paper on "Assimilation and the Influence of its Defects on the Urine." He verifies the statement of Bernard, that although white of eggs may be consumed in the ordinary way as food without occasioning the presence of albumen in the urine, yet that it cannot be introduced directly into the circulatory system without the urine being immediately rendered albuminous. This is not the case with albumen alone, but with several other substances such as milk and isinglass, for when they were introduced into the blood they were soon afterwards found in the urine. Dr. Pavy connects these experiments with the phenomena of dialysis, as developed by Professor Graham, and he regards the kidney as a dialyzing apparatus on a very extensive scale. Under ordinary circumstances, albumen does not pass through the kidneys, owing to its small diffusive powers, but it is probable that in albuminuria its properties are altered in this respect. Mr. John Millar relates a curious and interesting case of Moral Insanity in a child; the subject being only six years old, and addicted to every kind of bad habit, and perfectly uncontrollable at home by either moral or physical restraint. He was, however, sent to Colney Hatch, where he was pronounced quite sane by one of the medical superintendents of that establishment; and after his discharge from the Asylum, he resumed his former habits.

The 'Medical Times and Gazette.'

Professor Huxley continues his lectures on "Classification," the present being an admirable sketch of the classification of the mammalia. They are first divided, according to the system of De Blainville into Ornithodelphs (*ornithorhynchus* and *echidna*). Didelphs (*kangaroos* and *opossums*), and Monodelphs, which comprise the greater number of the mammalia. Other systems of classification are briefly passed in review, as those of Everard Home, Von Baer, Eschricht, Waterhouse, Milne-Edwards, Gervais, Vogt, and Owen; and we cannot but regret the terms in which Professor Huxley speaks of the latter distinguished anatomist. Controversy is not only justifiable, but salutary in the elucidation of truth, but we regret to hear one Professor state that the assertion of another is "simply untrue." Mr. Owen may have been mistaken as many others may be, but we hardly think he would assert what was not true. Dr. Cockle continues his paper on "Aneurismal Tumours" involving the neck, and he points out the difficulty of forming a diagnosis in all cases between aneurisms in this region, and glandular or cystic enlargements. Hence, as is well known, mistakes have sometimes occurred to the most experienced practitioners. Dr. Gosselin, at the Hotel-Dieu, was once almost on the point of operating for supposed carotid aneurism, when Baron Roux, by placing his hand on the tumour, and desiring the patient to swallow, discovered that it was a cyst. The act of deglutition elevated the cyst and the larynx together at the same moment, and thus proved the tumour to be independent of the artery. Mr. R. B. Carter relates a case of what he calls Probable Vaccino-Syphilitic Inoculation, in which a child exhibited in a well-marked degree the characters of inherited syphilis, although both the parents, and all the brothers and sisters were remarkably healthy. No other cause than vaccination at seven months could be alleged for the syphilitic infection; but there is no evidence as to the condition of the child from whom the lymph was taken, and the case is therefore necessarily imperfect. Dr. W. H. Moor contributes some remarks on a "New Mode of Proceeding in Placenta Prævia," which he has lately adopted in order to save the life of the child. His plan consists in detaching a portion of the placenta, and making it the plug of the os uteri, and then allowing the labour to take place by the natural efforts. The child, in the instance recorded, was apparently still-born, but it was revived by the Marshall-Hall method, and is still living.

The 'British Medical Journal.'

Dr. Hyde Salter gives a lecture on "Capillary Bronchitis," his observations being founded upon a fatal case of that disease occurring in the Charing-cross Hospital. The case was that of an Italian, who died after a very short illness. Dr. Salter remarks that although bronchitis is a very common disease, yet that the acute form of it is rarely fatal, except at the extremes of life, as in infancy and old age; but the chronic bronchitis is very fatal, especially to the poor. The case referred to by Dr. Salter exhibited during life, the ordinary symptoms of capillary bronchitis, as muco-crepitant râle over a great part of the chest, and after death, the lungs were found congested, the air-tubes filled with muco-purulent fluid, and the mucous membrane reddened. Mr. Thomas Bryant continues his lectures on the "Surgical Diseases of Children," his present lecture treating of a number of miscellaneous affections of the digestive system, as ranula, warty growths on the tongue, wounds of the tongue, diseases of the tonsils, polypus and prolapsus of the rectum, and other diseases about the anus. Dr. Hodgkin gives a short paper on "Nightmare and the Action of Anæsthetics." He doubts the commonly received opinion, that nightmare depends on disturbance of the circulation, and he inclines to the view that this affection, as well as the occurrence of death under the use of chloroform, are connected with the state of the stomach. Dr. Meryon continues his "Pathological and Practical Researches on the Various Forms of Paralysis," and in connection with the physiological history of the spinal cord, he discusses the question as to the nature of the nervous force, examining successively the theories of Armand Moreau, Matteucci, Du Bois Reymond, and Pflüger. Dr. J. W. Walker communicates a paper on "Diphtheria," in which he displays considerable knowledge of the literature of this disease, and is disposed to regard it rather as a complication of other diseases, than as a distinct affection. Mr. J. Vose Solomon continues his account of the "Operations Practised in the Nineteenth Century, for the Relief of Tension of the Eyeball, Glaucoma, &c.," and while alluding to the various theories which have been suggested to explain the relief of glaucoma by iridectomy, he himself attributes considerable importance *to the section of the ciliary nerves at the point where they pass from the muscle of the lens into the iris*, and he supports this view by numerous arguments.

The 'American Medical Times.'

Dr. J. King Merritt continues his remarks on "Some Mummied Heads taken from the Jivaro Indians of Ecuador," and investigates the circumstances under which the heads were probably reduced to their pigmy size. He believes that they have been reduced by the process of slow desiccation, the bones being first removed, and the shape of the head being retained by stuffing the cavities with some pliable and elastic material. Dr. Howard Townsend relates the result of "Some Experiments Performed upon the Liver of a Man who died in the Albany Hospital, six hours after having been Injured on the Hudson river Railroad." The object of the experiments was to ascertain whether the liver contained any sugar, but the results were negative. The liver juice was treated with the *cupro-potassique* test, prepared according to Kletzinsky's formula, of caustic, potash, glycerine, and saturated sulphate of copper. Although the case seemed one likely to give favourable results, yet the violence of the man's death, and the fact that he had fasted for some hours before, may account for the failure in detecting sugar. Mr. David P. Smith makes some remarks on the "Treatment of Hare-Lip," and describes an operation which reduces the hæmorrhage, procures accurate adjustment of the cut surfaces, and saves time. Mr. John T. Hodgen, in reference to the question whether compound fractures of the shaft of the femur made by conical leaden bullets always demand amputation, replies in the negative, as he believes that the limb may be generally preserved unless when the nerve or artery is wounded.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, APRIL 1ST, 1863.

DR. OLDHAM, PRESIDENT, IN THE CHAIR.

Dr. TYLER SMITH presented a specimen of Tubular Fœtation with Twins, sent to him by a Medical friend.

Some discussion having arisen between Dr. Barnes, Dr. Oldham, and Dr. Tyler Smith, regarding the relative ages of the twins, it was agreed that the last-named gentleman and Dr. Braxton Hicks should be asked to examine and report upon it.

Dr. OLDHAM was anxious to direct the attention of the Society to the possibility of performing gastrotomy in some cases of tubal pregnancy where death was about to result from internal hæmorrhage. The main difficulty was the diagnosis, which, however in sudden tubal rupture was well marked. The danger was so great that it justified any expedient which might have a hope of success.

Dr. BARNES joined with the President as to the importance of the question. He had witnessed two cases in one month; both of them were diagnosed during life, and in one the expediency of gastrotomy had been discussed. In the early stages he thought the difficulty of getting at the sac very great, but after the third or fourth month the operation would be not only feasible but expedient.

A paper was then read by Dr. GERVIS on "A variety of Chronic Pain in the Back."

Dr. EASTLAKE described, in a short paper, a

CASE OF AMAUROSIS FOLLOWING PARTURITION.

This phenomenon had occurred on seven previous occasions under the same conditions, but it did not appear after the first labour. The patient was married, and thirty-four years of age. The blindness, which was total, occurred in both eyes suddenly about the third day after the birth of each child, and lasted on an average from three to five weeks. The patient had never lost more than the normal quantity of blood; she had never taken ergot; there was no suppression of the milk or lochia, nor was the urine albuminous. A careful ophthalmascopic examination had been instituted, but the evidence adduced was entirely negative. Dr. Eastlake regarded the case as unique, and concluded his paper by stating that the only author who had described any case at all similar was Beer, in his 'Lehre der Augenkranheiten.'

Dr. SWAYNE reported a

CASE OF CÆSAREAN SECTION.

The woman operated on was a dwarf over forty years of age; her height was only four feet and half an inch, and the deformity of the pelvis was congenital. She was unmarried, and did not apply for medical advice until the time of labour, when she was first seen by Mr. Henry Grace, of Kingswood, near Bristol, and brought by him to the Bristol General Hospital. Here Dr. Swayne saw her, and advised the Cæsarian operation, which was accordingly performed by Mr. Coe, the senior surgeon to the hospital. The section was made in the usual manner by an incision in the linea alba. The child was extracted alive, but the mother died forty-two hours after the operation, from peritonitis. The pelvic deformity was chiefly occasioned by the very peculiar form of the sacrum, the anterior part of which, instead of being concave, projected forwards towards the symphysis pubis, and thus reduced the antero-posterior diameter of the pelvic cavity to one-inch and four-fifths. The child is now living.

Mr. SPENCER WELLS wished to know whether the opening in the uterine wall had been left to close spontaneously, or had been closed by sutures. He was not aware whether sutures had been used in any case, but it had struck him that the escape of blood, or of the secretions from the uterine cavity, into the peritoneal cavity might be one cause of mortality after the Cæsarian section; and if so, that sutures might be useful. It was evident that the ordinary interrupted sutures could not be used, because they would have to be left in the spots where they were applied; but it would be easy to use the uninterrupted suture so that it might be withdrawn through the uterine cavity and vagina. It would only be necessary to leave both ends long enough, and not tie any knot. There could be no difficulty in doing this, if it were thought desirable; and it might possibly prove to be a means of lessening the mortality after the Cæsarean section.

Dr. GREENHALGH said that four cases of Cæsarean section had occurred in his own practice, besides which he had witnessed three cases in the practice of others. He spoke, therefore, from some experience of this formidable operation. In two of his own patients who had arrived at the full period of pregnancy, it was necessitated by extreme distortion of the pelvis: in the one resulting from mollities ossium, who survived the operation three weeks, and then died from rupture of the transverse colon; in the other from rickets, who lived only four days. In both cases the children were born alive, and continued to live. In all the cases the uteri contracted shortly after the removal of their contents, more rapidly in those where the incision was made in the body, and less so in one case where the opening was effected in the neck of the uterus, on which account Dr. Greenhalgh did not approve of Mr. S. Wells' suggestion of bringing the cut edges together by sutures. He (Dr. Greenhalgh) regretted that in more than one case the operation was not undertaken until much valuable time had been lost, and until after great and ineffectual attempts had been made to deliver, which placed the patients in a bad condition for any operation, and more especially for the one under consideration. He attributed our great want of success, as compared with our continental brethren, to a want of attention to these less points. He emphatically expressed his opinion that no practitioner was justified in performing this operation with a view of saving the child where delivery could be safely effected by craniotomy. Still he considered that if any patient who had had one or more children destroyed by craniotomy, desired from conscientious motives, after having had all the difficulties and dangers to herself and child from this operation placed before her by several eminent accoucheurs, to risk this operation, with a view of saving her child, as in one of Dr. Greenhalgh's cases, the practitioner would be fully justified in undertaking its performance.

Dr. BARNES rose to make one or two observations upon the case referred to by Dr. Greenhalgh. In the view of the case and the principle of treatment which guided Dr. Greenhalgh he quite agreed. He was, however, more disposed at first to persevere in attempts to deliver the woman by the natural passages. He was chiefly influenced in this direction by the fact that the child was premature. Had the child been of full size the idea of so delivering could not have been entertained. But he hoped that if a leg could have been seized and brought down, the body and head might have been drawn through, flattened out between the tumour and the pubic bones; and that the tumour itself, which, although very firm, was not osseous, might yield a little. In this they were disappointed. It was impossible to seize a leg. The course at first entertained by Dr. Greenhalgh, and ultimately adopted, was proved by the post-mortem examination to be right. The suggestion made by Mr. Spencer Wells to sew up the wound in the uterus made in the Cæsarean section Dr. Barnes did not approve. He thought accoucheurs would prefer to rely upon the contractile property of the uterus to which they were accustomed to trust in the more ordinary emergencies of labour. The blood and other matters did not escape through the wound, but found a ready outlet through the cervix and vagina.

Dr. GRAILY HEWITT remarked that the case brought before the Society by Dr. Swayne was one which could not fail to excite a great amount of attention. There were two aspects under which it was necessary to consider this grave question—the decision as to the performance of the Cæsarean section, and which were likely to present themselves in actual practice. The first class of cases were those in which the delivery of a live child in the natural way was impossible, and the operation was had recourse to in order to save the child. In the second class of cases, the operation was resorted to because delivery of the child was found to be impossible under any circumstances. With regard to the first class of cases, it was quite evident that the circumstance determining the decision would be the importance attached to the life of the child compared with that of the mother, respecting which it was well known that differences of opinion existed. This was a question which would probably still continue to be in some degree an open one. In respect to the second class of cases, in which the Cæsarean section was had recourse to for the reason that the fœtus could in no other way be extracted, he wished to make a few remarks. There were doubtless some cases in which the amount of distortion and narrowing was such that no operative attempts, however well directed, would succeed in bringing away the uterine contents; but he believed that some of the cases which had been thought hopeless, except by recourse to the Cæsarean section, will be found capable of being relieved by application of the cephalotribe. This instrument was as yet little if at all practically known in this country, but it appeared deserving of a trial, and was better adapted for breaking up the structures with which we had to deal than other instruments. He quite concurred in the observations which had fallen from Dr. Greenhalgh as to the selection of the proper time for the operation of Cæsarean section. There could be no doubt that the operation was successful in proportion as it was undertaken early; this was shown by statistics. On the Continent the Cæsarean section was more frequently undertaken. Winckel had operated in thirteen cases, of which eight recovered; this showed what might be done with the operation under favourable circumstances.

Dr. BARNES would beg to intrude once more, prompted by the remarks of Dr. Hewitt concerning the cephalotribe. He had some knowledge of the application of this instrument. In the first case of Cæsarean section which he had seen, which occurred in Paris at the Clinique d'Accouchements twenty years ago, the cephalotribe had been strenuously used all night, yet the Cæsarean section had to be resorted to at last. The deformity was not greater than in this case of Dr. Swayne's, and there was more room at the sides of the aperture of the brim. In Dr. Greenhalgh's case the application of the in-

trument would have been simply impossible. The cephalotribe was a bulky instrument; it took up a good deal of room where there was none to spare. He did not think the cephalotribe would prove of much service in diminishing the number of cases in which it would be necessary to resort to the Cæsarean section.

Dr. OLDHAM considered it important to make the incision into the uterus as low down as possible, regarding wounds towards the fundus more dangerous than those towards the cervix. His experience of severe operative midwifery rather led him to think that Cæsarean section might be performed oftener than had been generally deemed right.

Dr. SWAYNE stated, in answer to the question from Mr. Spencer Wells, that no sutures were used to bring the edges of the uterine incision together, and that entire dependence was placed on the contractility of the organ for effecting that purpose. It was generally considered that sutures were not to be used on account of the danger of uterine inflammation. Mr. Coe, however, regretted that he did not give ergot of rye previous to the operation. Dr. Swayne mentioned that just before the meeting his attention had been directed to the particulars of a case of Cæsarean operation which had been lately performed by Dr. Dyce, of Aberdeen. The woman operated on was a dwarf, and the case was in all respects similar to his own, except that the pelvis was slightly larger. In Dr. Dyce's case unsuccessful attempts had been made to extract the child before the Cæsarean section was resorted to. Dr. Swayne said that this case justified the course he had taken in at once advising the Cæsarean section, without making any previous attempt to deliver by craniotomy.

Dr. SKINNER, of Liverpool, read a paper

ON THE GALACTAGOGUE PROPERTIES OF FARADIZATION.

He illustrated the effects by the records of eight cases, in which the secretion returned after one or two sittings. The effect was permanent, and was produced by a galvanic-coil machine, using from three to six cells of Smee's battery. The current was applied both direct from the axilla to the nipple and inter-mammary, for about ten minutes for both breasts, and was of no greater intensity than bearable.

A paper by Dr. SHORTT, "On the Medical history of Women in Southern India," was also read.

THE PATHOLOGICAL SOCIETY.

TUESDAY, APRIL 14 AND 21.

Mr. PRESCOTT HEWETT, President, in the Chair.

DR. WILKS read a report on Dr. Dickinson's case of

APOPLEXY OF THE SUPRA-RENAL CAPSULE.

I have examined the supra-renal capsule which was submitted to me, and find it as Dr. Dickinson states, in an apopletic condition, using the term apoplexy, an absurd custom, as synonymous with effusion of blood. It appears as if some large vessel had ruptured in the interior of the organ, and then the blood had infiltrated through the tissue. On placing sections in water, the whole of the blood could be washed out, leaving the organ in a healthy state. I have on several occasions met with this condition, and have passed it by as of little moment, and should have done so on the present occasion had I not lately received a pamphlet from Professor Mattei, of the University of Siena, in which this subject of effusion of blood in the organ, or apoplexy as he also styles it, is considered. He quotes the case of a man, sixty years of age, who died with severe abdominal pains, and in whom such apoplexy was found, all other organs being healthy, and he considered that death was due to this. He also mentions the case of a fœtus, which died at birth from pressure on the cord, and here no organ was found in an abnormal state, except the capsules, which were affected with apoplexy by infiltration. He thinks therefore that death may be due to apoplexy of the supra-renal capsules, and that this is brought about through the agency of the sympathetic. Although, as before said, I have met with this condition, but have hitherto attached no importance to it, yet the statement which I have quoted from one who has evidently paid some attention to the changes in the supra-renal organs must not be passed over, and therefore will necessitate some further observations of pathologists.

Dr. HENRY DICK presented two

YOUNG ITALIAN GREYHOUNDS SUFFERING FROM RICKETS,

and of which he gave the following history:—The mother is eight years old, and the father two years old. There were eight pups in the litter, four of which remained with the mother and were perfectly healthy, and four were removed after the lapse of twenty-five days; two of them were sickly, but got well by being fed on boiled meat and bread and milk. Those two which were presented to the Society were fed upon meat, bread, and broth, but the animal food formed the largest proportion. After being thus fed for three weeks, they began to exhibit a difficulty in walking, particularly on their hind legs. A little afterwards the articulations became swollen, and the fore legs began to bend. There eyes were running, but their appetite remained good. At one time their whole body was so painful that they could not bear to be touched. They now present those symptoms of rickets which are observed in the human subject. They are bow-legged, have swollen articulations, and large stomachs. Dr. Dick considers those specimens conclusively demonstrative that rickets is not identicle with scrofula, and does not owe is origin to hereditary syphilis, as it is sometimes believed, but thinks that it is induced by improper or insufficient food. Too much animal food or bad milk in early life will, he believes, induce rickets, and for that reason rickets is found not only in the poorer, but also in the better classes.

Dr. Dick also presented a microscopic specimen of part of a

POLYPUS REMOVED FROM THE ANTERIOR PORTION OF THE URETHRA.

This piece, examined under the microscope by Mr. William Adams and himself, exhibited epithelial cells and delicate fibrous tissue. Dr. Dick believes that polypus in the anterior part of the urethra is rare, but occurs more frequently in the prostatic portion. M. Velpeau presented to the Académie de Medicine of Paris, last year, a paper on the rarity of such excrescences in the anterior portion of the urethra.

On a question by Dr. GIBB on the means used in making the diagnosis.

Dr. DICK replied it was done by the assistance of the urethroscope. He believes that those excrecences are similar to those in the trachea described by Dr. Gibb. In operating, they bleed on the slightest touch, but are easily detached with the instrument.

Dr. BRINTON reported on the specimen of disease of the liver exhibited by Mr. Holthouse for Dr. Basham. It was, as had been supposed at the last meeting, malignant.

Mr. GAY brought before the Society a child, two years' old, who had a peculiar form of

MALFORMTION OF THE GENITALS.

There was epispadias, and the penis was so rudimentary that it seemed to form but a valve to what looked like a fissure in the lower wall of the abdomen. The scrotum and testes were normal.

Mr. HOLMES asked if the symphysis pubis was deficient, if the bladder was normal, and if any attempt at cure by operation was contemplated.

Mr. GAY had passed a sound into the bladder, but had not discovered anything abnormal. He did not know how it could be remedied by operation.

Mr. BRINTON said that in one case of large epispadias his colleague, Mr. Simon, had operated. There were pressing reasons for the operation. The operation was to divert the stream of the urine into the rectum. It was successful for a time but the patient died of one of the unfortunate Hospital diseases which so often attack patients after operation. In a case of epispadial deformity in a female, an operation for the relief of the deformity was contemplated, but attempts produced such excessive polapsus that it was abandoned.

Next were brought forward patients on whom had been performed excision of the ankle—Syme and Pirogoff's amputation— as previously announced.

Mr. CANTON brought before the Society a case in which excision of the ankle-joint had been performed by Mr. Hancock in the Charing-cross Hospital, in 1857 for strumous disease of the bones. The patient did well after the operation; he was in bed five months and in twelve months was able to walk with a stick. He was still well, and had an extremely useful limb. Mr. Canton then gave the particulars of another similar case, but the patient, a boy two years of age, had not attended, as he had promised.

Mr. BRYANT then showed a case in which he had performed Pirogoff's operation in September, 1860. The patient, who had been in bed ten weeks, walked in three months. He had gradually gone on well, was at work, and the limb was a very good one.

Mr. LITTLE then showed a patient on whom Mr. Maunder had performed Pirogoff's operation for injury to the foot from a railway accident. After the operation there was some inflammation of the leg, but the patient ultimately did well, and walked in six months.

In reply to Mr. CANTON Mr. BRYANT stated that the tendo-Achillis was divided in his case.

Mr. HOLMES then brought forward a patient on whom he had performed Syme's operation in April, 1862, for strumous disease of the tarsal bones. The stump healed quickly, and the patient could bear on it in five weeks, and now walks quite well.

Mr. HENRY THOMPSON then brought forward

THREE CASES OF SYME'S OPERATION.

He had performed the operation six times, but was only able to show three of the patients. One was a woman about thirty-five years of age, on whom he had operated four or five years ago. There was no sloughing of the flaps, but the healing was slow. She, however, recovered with a good stump, and walked in four months, and still walked quite well. The next was a boy ten years of age, on whom he had operated a year and a-half ago. He walked well, with a simple boot without a spring. In the third case the opera-

tion had been also very successful. The patient, a woman, had been operated on seven years ago, and now walked several miles a-day in her occupation.

Mr. GAY then exhibited

TUMOURS REMOVED FROM A CHILD WHO HAD CONGENITAL MALFORMATION OF THE GENITAL ORGANS.

Dr. Montgomery was requested to examine and report on the specimen.

Dr. GIBB brought forward the following.

ILLUSTRATIONS OF LARYNGEAL OBSTRUCTION.

1. *Diseases of Turbinated Bones and Floor of Nostril, with Exudation of Fibrin.*—Patient, a lady of thirty-five, with disease of the throat for twelve years, and discharged from back of the fauces of lumps of fibrin. The epiglottis was pendant, almost flat on the glottis, and serrated. Inflammation, ulceration, and partial destruction of turbinated bones of right nostril, extending to its floor and the velum palati. The nostril was divided into two cavities. This was seen by rhinoscopy. Had been a great sufferer for years. Local and constitutional treatment was curative.

2. *Organic Aphonia from Foliated Growths on the True and False Vocal Cords.*—Young man of twenty-four, with a syphilitic history. Aphonia and dysphonia for twenty-two months, depending upon several foliated growths on the true and false vocal cords of both sides. At times he was quite dumb. Under treatment the voice returned in five months, and he spoke well in two months after.

3. *Organic Aphonia for Five Years from a Tumour on the Right Vocal Cord.*—Young lady of twenty-nine, with hoarsness at first of twelve months, followed by aphonia for five years, supposed to be hysterical. This depended on an oblong growth, involving the surface of the right vocal cord nearly its whole length. Persevering local treatment gradually discussed the growth, and speech was recovered in six months.

4. *Organic Aphonia for Three Years from Tumours on Both Vocal Cords.*—Young woman from Essex, aged twenty-two, aphonic for three years. She had been treated for consumption at one of the Hospitals, but the lungs were sound. Small growths were present on both vocal cords, one close to the left arytenoid cartilage. The voice did not return until the end of nine months.

5. *Varying Aphonia, from Two Small Growths on one of the Cords.*—This was in a young lady of twenty, supposed to be phthisical. Voice weak, and at times a whisper, for eighteen months. Two dark crimson growths were present on the surface of the left vocal cord, which, although they did not interfere with its action, nevertheless, impaired phonation. In three months local and general treatment brought about a cure.

6. *Impaction of a Piece of a Walnut-shell below the Glottis.*—Young gentleman of thirteen, who had had a piece of wallnut-shell impacted in the larynx below the cords, namely, in the sub-glottic space. Tracheotomy had been performed, but as the spasms continued, a larngoscopic examination was made, and showed a piece of shell laying cross-wise, from left to right, below the cords. This was subsequently expelled spontaneously.

Mr. POLLOCK then showed a specimen of

RUPTURE OF THE INTERNAL CAROTID WITHIN THE SKULL FROM VIOLENCE.

The patient was brought to the Hospital after injury. His leg was bent, the contents of one orbit were lying on the cheek, and the upper wall of the orbit was complely smashed. There was no history as to how the accident had occurred. There was a great deal of arterial hæmorrhage, and this was arrested by pressure on the carotid in the neck. The patient died in three hours. At the post-mortem examination, the base of the brain was found to be very extensively injured, and the internal carotid artery was found to be wounded. This was probably from some spicula of bone, as its osseous canal was quite uninjured.

Mr. PRESCOTT HEWETT said there was recorded but one case, and that a doubtful one of rupture of the internal carotid by injury to the carotid canal. In the case related by Mr. Pollock, no doubt the wound of the artery was from some spicula of bone which had been forced into the artery. It was very like one recorded by Nélaton. A medical student in a quarrel received a thrust from an umbrella, just under the left upper eyelid. No immediate symptoms followed and nothing much was thought of it; but soon afterwards the right eye began to protrude; hæmorrhage took place from the right nostril. Soon after this M. Nélaton saw him, then there was extensive pulsation behind the eye. An aneurism formed by injury of the carotid and cavernous sinus was diagnosed. In order to prove this an experimental injury was made on the dead subject; the point of an umbrella being thrust into the orbit in the same direction, just such an injury as had been conjectured to exist in the patient was produced. The student died of extensive hæmorrhage, and at the autopsy there were found an injury of the carotid artery and cavernous sinus.

HARVEIAN SOCIETY OF LONDON.

MARCH 19, 1863.

Mr. W. SEDGWICK. Vice-President in the Chair.

Dr. J. BURDON SANDERSON read a paper on

ASTHMA.

After stating that the definition of asthma as a species of disease must be founded exclusively on the study of its development during life, with but little assistance from morbid anatomy, the author proceeded to describe the phenomena of an attack, dwelling particularly on the nocturnal onset of the affection, and the complete remission of all the symptoms during the intervals. The characteristic elements of asthmatic dyspnœa were stated to be, (1) excessive expansion of the chest (2) resisted but forcible efforts to expire; (3) diminution of the exchange of air in the chest, and consequent venous condition of the blood. In the asthmatic state the chest is arched forwards in extreme inspiration, the diaphragm sinks below its normal level, so that its power is lost, while the almost fruitless efforts to renew the air in the chest are accomplished by elevation of the upper ribs. The expiratory muscles of the abdominal wall are in excessive action, but, in spite of their efforts, air is expelled from the chest with extreme difficulty and in small quantity. The condition of the blood which is thus produced gives rise to the sensation of want of breath, and impels the patient to make conscious and voluntary efforts to get rid of the used air, which is as it were locked up in his chest, so as to enable himself to obtain a fresh supply. In order to arrive at an explanation of this remarkable state, so different from every other form of dyspnœa, the circumstances must be considered under which it is developed. Asthma comes on during those hours of the night in which sleep is ordinarily most profound. At night the respiratory function is modified; the quantity of air exchanged is diminished. This diminution is partly, though not entirely, dependent on a change in the respiratory function of the vocal cords, which in nocturnal breathing approach each other more closely than in the waking state, that muscular action by which they are kept apart is relaxed. The more profound the slumber the greater the relaxation, and the narrower the chink of the glottis (*e.g.*, in snoring expiration). Assume for a moment that this natural relaxation becomes excessive. As the laryngeal resistance is normally greater to the egress than to the ingress of air, the chest falls more and more with each respiration, the inspiratory power of the diaphragm lessens, the exchange of air is diminished, the blood becomes less arterial, and thus without any agency beyond the intensification of that condition of respiration which exists in natural sleep, all the elements of asthma are developed. In short, it is possible to account for asthma as a result of disorder in the respiratory function of the glottis. But if it be remembered that the muscular fibres on which this function depends are governed by the same nerve as the contractile fibres of the lung tissue (as is shown by the experiments of Donders and others), it will be readily admitted that if in asthma the respiratory fibres of the glottis are relaxed, those of the lung are in a similar state of relaxation, which would afford an additional explanation of the remarkable dilatation of the chest. This view accords perfectly with what is known as to the intimate relation of asthma and emphysema Emphysema cannot be regarded as the cause of asthma; it would even be more correct to speak of it as its consequences. Emphysema results from resisted but powerful efforts on the part of the expiratory muscles to expel air from an expanded lung. This is precisely the state of things in asthma. But the relation between the disease and the lesion is rather that of community of cause than of consequence. Temporary over-expansion of the lung is a constituent of asthma; permanent expansion cannot exist without emphysema. Under the head of "Diagnosis," the author distinguished between asthma and spasmodic dyspnœa, in all forms of which the relation between the inspiratory and expiratory act is the reverse of that which holds in asthma,—*e. g.*, in the spasmodic dyspnœa of phthisis, acute bronchitis, and dwelt on the importance of determining the relative duration of the inspiratory and expiratory act, which may be best effected not by listening to the chest, or observing its movements, but by the auscultation of the larynx. As regards treatment, the author had found that no remedies were useful during the attack of asthma, excepting stimulants, of which ipecacuanha in large doses, alcohol, and coffee were instanced as most important.

The PRESIDENT, at the close of the discussion, announced that the next meeting would take place on April 2, when Dr. Pollock would read a paper "On Pneumothorax."

CONVERSAZIONE.—Dr. Corrigan, as President of the Royal College of Physicians, Dublin, gave a conversazione on Saturday the 16th instant, at his residence in Merrion square, which was numerously attended.

THE INDIAN MEDICAL STAFF.—Sir Charles Wood has officially announced that the state of the Medical Establishment connected with the Indian army is under consideration, and that it will be placed on an equality with that of Her Majesty's British army.

Births, Marriages, and Deaths.

BIRTHS.

BLAIR.—On the 12th inst., at Dalry, Ayrshire, the wife of A. Blair, L.R.C.S. Edin., of a daughter.

BUCHANAN.—On the 17th inst., at Haltwhistle, Northumberland, the wife of J. Hamilton Buchanan, M.D., of a son.

CORIN.—On the 18th inst., the wife of W. J. Corin, Surgeon, of Liskeard, of a son.

HOUSTON.—On the 15th ult., at Mysore, the wife of Dr. J. Houston, officating Durbar Surgeon, of a daughter.

KINNEAR.—On the 17th inst., at Melville terrace, Chatham, the wife of Charles R. Kinnear, M.D., Deputy Inspector-General of Hospitals and Fleets, of a daughter.

LINDSAY.—On the 11th inst., at Queen's row, Grove lane, Camberwell, the wife of J. M. Lindsay, M.D., of a daughter.

LUCAS.—On the 13th inst., at Burlington street, Liverpool, the wife of James Lucas, M.R.C.S.E., of a daughter.

MATTHEWS.—On the 14th inst., at Longsight Old Parsonage, Manchester, the wife of W. C. Matthews, M.R.C.S.E., of a daughter.

MARTINE.—On the 16th inst., at Haddington, the wife of W. Martine, M.D., of a daughter.

WHITEFIELD.—On the 15th inst., at Eastbourne, the wife of Arthur Whitefield, M.R.C.S.E., of a son.

WILLIAMS.—On the 8th inst., at Lammas street, Carmarthen, the wife of J. L. Williams, M.R.C.S.E., of a daughter.

MARRIAGES.

BLADES—BOWKER.—On the 13th inst., at St. Bartholomews, Hyde, Winchester, C. C. Blades, M.D., of Newington place, Kennington park, to Mary Ann, second daughter of F. Bowker, Esq., of Larkhills, Winchester.

COLLYNS—RILEY.—On the 15th inst., at Westbury-on-Trym, J. B. Collyns, M.R.C.S.E., of Dulverton, Somersetshire, to Anna Gordon, widow of the late Rev. E. Riley, of Englishcombe, Bath, and only daughter of the late A. Thomson, Esq., of London.

SHARMAN—LAYING.—On the 13th inst., at Creeton, Lincolnshire, G. C. Sharman, M.R.C.S.E., of Wellingborough, Northamptonshire, to Ann, fifth daughter of the late Rev. W. W. Layng, Vicar of Great Harrowden.

DEATHS.

CUTFIELD.—On the 11th inst., at Deal, A. B. Cutfield, M.D., aged 47.

FRAME.—At Grenada, West Indies, Arthur J. Frame, M.D.

GIBSON.—March 12, T. Gibson, L.S.A., House-Surgeon to the Dispensary, Morpeth, Northumberland.

GRAY.—On the 12th inst., at Pardovan, Linlithgowshire, William Gray, L.R.C.S. Edin., of Kinross.

KEITH.—On the 12th inst., at Weymss place, Edinburgh, J. Keith, M.D., aged 79.

REID.—On the 5th ult., suddenly, at Washington, Dr. Reid, Medical Inspector of the Government Sanitary Commission there.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of Court of Examiners on the 19th inst.:—Henry Hummerston Burford, Hamilton terrace, St. John's wood; John Chaundy Clarke, Brill, Bucks; Samuel Jones Gee, M.B., Oxford street; Tregenna Biddulph Goss, Newington place; Roderick William Henderson, Lower Halliford, Middlesex; Brownlow North Hyatt, Shepton-Mallet; Robert Maxwell Johnson, Kaffraria; David Jones, Bala, North Wales; William Jones, Pwllheli, Carnarvonshire; William Jones, Carmarthen; Edward Mahoney, Richmond road, Dalston; John Mathews, Brecon, South Wales; George Miles, Gillingham, Dorsetshire; Charles John Myers, Tottenham; Robert Thomas Nichols, M.D., Greenwich; Louis Augustus Norgate, East Dereham, Norfolk; Alfred Sheen, M.D., Leicester; Sagar V. Smirthwaite, Burnley, Lancashire; Evan Thomas, Liverpool; Charles White, Newbury, Berkshire; David Thomas Williams, Llangeitho, Cardiganshire; Joseph Brampton Wright, Great Yarmouth.

The following gentlemen were admitted Members on the 20th inst.:—Arthur Ernest Adamson, Dublin; Charles Henry Battersby, Dublin; William Frederick Butt, Gloucester; Henry Robert Davis, Addison road, Notting hill; William P. Dukes, Brixton; David Evans, Barmouth, North Wales; Thomas Henry Goodsir, Hull; Anthony Mann Hawkes, Gloucester street, Queen square; Henry Law Kempthorne, Wedmore, Somerset; William Coleridge Kiernander, Calcutta; Thomas Langston, Manchester; John Douglas Lawrie, Bradford; Frederick Lawton, Chiddingfold, Surrey; Alfred John Matthew, London road, St. John's wood; William Henry Dison Mence, Cambridge; John Nicholson, Silloth, Cumberland; Charles Richard Price, Bayswater; Maurice Cohen Rogers, New Burlington street; William Robert Thomas, Manchester; Thomas Charters White, Upper Eccleston place, Belgravia.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 14th inst.:—Albert Edward Boulton, Horncastle; George Clapperton, Lower Broughton, Manchester; William Astly Sherratt Dykes, Londesbrough, Yorkshire; George Hurlstone Elliott, Chichester, Sussex; Samuel Hall, Belper, Derbyshire; George Robert Norris, King's College; Charles Perks, Queen's College, Birmingham; Alfred Thomas Rudyard, Bexhill; James Atkinson West Spence, Bedale, Yorkshire; Thomas Starbuck Wolley, Codnor, Derbyshire.

The following gentleman also on the same day passed his first examination:—Henry Edward Armstrong, Newcastle-on-Tyne.

THE WESTMINSTER HOSPITAL.—On the 1st of June the governors will proceed to elect Dr. Gibb an assistant-physician, his opponent, Dr. Willis, having retired from the contest.

THALLIUM.—The largest ingot yet produced of this new metal, discovered by Wm. Crokes, Esq., was exhibited at the Royal Institution on Friday the 1st instant. Its weight was 5963 grains.

THE FRENCH CONSCRIPTION.—The year's conscription of 100,000 men, which is just over, shows, it is said, a large increase in France in the number of the sickly and the deformed, of the class who are below even the small stature of the approved conscript.

ETHNOLOGICAL SOCIETY.—At the general anniversary meeting of this Society held on the 19th instant,—John Crawfurd, Esq., President, in the chair,—the following gentlemen were elected office-bearers for the ensuing year:—President: John Lubbock Esq. Vice-Presidents: B. Botfield, Esq., M.P.; John Crawfurd, Esq.; Robert Dunn, Esq.; and Lord Talbot de Malahide. Hon Treasurer: F. Hindmarsh, Esq. Hon. Secretaries: Thos. Wright, Esq.; and F. Galton, Esq. Hon. Librarian: L. J. Beale, Esq. Council: Luke Burke, Esq.; Professor Busk; T. F. D. Croker, Esq.; Sir A. W. Clavering, Bart.; H. Christy, Esq.; J. Dickinson, Esq.; T. Hodgkin, Esq.; Prof. Huxley; David King, Esq.; Malcolm Lewin, Esq.; Joseph Mayer, Esq.; W. Napier, Esq.; C. R. Des Ruffières, Esq.; E. O. Smith, Esq.; Wm. Spottiswoode, Esq.; S. R. Solly, Esq.; Dr. Tuke; Stephen Ward, Esq.; and S. Wood, Esq.

SMALL-POX IN DUMFRIES.—At a meeting of the authorities of Dumfries, held on Thursday, the 7th instant, at which the medical gentlemen of the place were present, it was resolved to forward a representation of the state of the town to the authorities at the War Office, recommending that the embodiment of the militia be delayed until the town is in a more healthy condition *quoad* small-pox.

THE HOSPITAL FOR VENEREAL DISEASES AT LYONS.—The surgeoncy to this hospital is again offered for competition. The office is held for six years, the successful candidate entering upon his duties in January, 1870. In the meanwhile, he is given a certain number of beds, with the title of assistant-surgeon. The chief officer's salary is 48*l.* a-year, his assistant's 32*l.*

THE ACTION OF EXPECTORATION.—In a paper on this subject, read at a recent meeting of the Glasgow Medical and Chirurgical Society by Dr. W. T. Gairdner, he advanced the theory that the bronchial tubes acted in a manner similar to that of the bowels, and ejected their contents by a peristaltic motion, which could as certainly be increased by appropriate medicines, as could that of the bowels.

CERTIFICATE OF A NON-REGISTERED PRACTITIONER.—An inquest was recently held at Fulham on the body of a child, the daughter of Mr. Rowbotham, a member of the medical profession, though not in practice, and not registered. The certificate had been given by Mr. Rowbotham, Mr. Fyfe, of Brompton, who had attended her, having declined to give one. The cause of death appeared to be natural. The coroner told Mr. Rowbotham that if the child had been buried upon the faith of the certificate given by him, he being a non-registered practitioner, it might have been necessary for the body to be exhumed.

THE VENTILATION OF UNDERGROUND RAILWAYS.—The 'Builder' remarks that the sulphurous fumes at some of the stations of the Metropolitan Railway are both unpleasant and unwholesome, and that the condition of the atmosphere cannot be good for passengers, particularly those who are in delicate health. On the numerous men who are employed, the effect of remaining for many hours in the bad air is highly injurious, and some of them say "more than a man can long stand." Some improvement has been made, but more effectual methods are required for the ventilation of the tunnels, and also for most of the stations.

HEALTH OF SCOTLAND.—The monthly return for the eight principal towns of Scotland shows that small-pox has now almost died out of Edinburgh, but has given some signs of becoming epidemic in Greenock. That formidable disease, diphtheria, is on the increase, and in the month of April caused forty-three deaths in the eight towns, their aggregate population being less than a third of the population of the London of the Registrar-General. The deaths from small-pox in the eight towns, in April, were only twenty. Of the 2173 persons, who died in the month, half were under five years of age.

THE Flower Show at the Crystal Palace, on Saturday last, was a great success. The exhibition of flowers was most interesting, both in a horticultural and botannical point of view. The collection of orchidaceæ was magnificent, these curious and lovely specimens of the vegetable kingdom, being displayed in all their varied colours and fantastic shapes, and some of them perfuming the air with their fragrance. The weather was beautiful and the company

very numerous, among them here and there some members of our Profession, no doubt rejoiced to escape, even for a few hours, from the fatigues of practice, to breathe the invigorating air and enjoy the charming scenery of Sydenham.

Professor Czermak, whose name is so honourably associated with the application of the laryngoscope to medical practice, is at present in London. He attended the recent meeting of the Pathological Society, and related a case in which he had detected the existence of a fungous growth on the vocal cords by means of the laryngoscope, and had successfully removed the disease.

The Royal Victoria Hospital.—The following general order has been issued in reference to the Queen's late visit to the Netley Hospital:—"General Order, No. 825, Horse Guards, S.W., May 14th, 1863.—His Royal Highness the Field Marshall, Commanding-in-Chief, has received the Queen's commands to express the satisfaction Her Majesty derived from her visit to the Royal Victoria Hospital, at Netley, on the 8th instant, when Her Majesty was highly pleased to observe how carefully and amply the comfort and requisite attendance upon the sick soldiers were provided for. Her Majesty was particularly gratified by the order, cleanliness, and regularity that pervaded the establishment throughout.—By Command (signed), J. Yorke Scarlett, Adjutant-General.

The Soiree of the Pharmaceutical Society.—The recent soireé of this Society passed off with great *éclat*, the rooms being filled with the members, and with a large number of Medical practitioners, who attended as guests. The museums of Materia Medica and Botany are becoming more and more attractive and valuable from the continual addition made to their contents, and the arrangements in the laboratories, which are now situated at the top of the building, are such as to afford complete opportunities for the practical pursuit of chemistry. The establishment of Professorship of Chemistry, Materia Medica and Botany, and the practical opportunities given for those pursuits in laboratories, museums, and botannic gardens, constitute a new era in the education of pharmaceutists, and we are happy to learn that many avail themselves of the valuable opportunities thus afforded to them. On the evening of the soirée, a great number of additional attractions were afforded by the exhibition of a number of articles of natural history, chemical, mechanical, and electrical science, and of *vertu*. The exhibition of living plants comprised among many others, the tea and coffee plants, the castor-oil plant, the guaiacum, the cotton-plant, the calabar bean, the new metal Thallium was exhibited in a half-pound bar, and it was also seen in the process of crystallisation by galvanism, and in the spectrum; the application of aluminum was shewn in the extensive series of articles contributed by Messrs. Mappin, exhibiting articles made of the metal itself, and others from the beautiful bronzes made by an alloy of aluminum and copper; and the display of microscopes, electrical and galvanic batteries, and chemical apparatus was most abundant and interesting. Altogether the evening passed off exceedingly well, and the proceedings are calculated to enhance the Society in public estimation.

Accidental Poisoning at Bradford.—Some families at Bradford were under medical treatment last week who were found to be suffering, more or less severely, from arsenical poisoning, and it was not until Saturday that anything like a satisfactory conclusion could be arrived at as to how they came to have swallowed the arsenic. It appears that on Monday, William Johnson, woolcomber, of Waddington's-yard, Wakefield-road, and his daughters, Mary Ann and Elizabeth Johnson, young women who work at a factory, became ill, and Dr. Lodge was called in to see them. He found them exhibiting all the symptoms of poisoning, and treated them accordingly, by applying the stomach-pump and other remedies. A mixture of cream of tartar and magnesia, some of which they had taken as a medicine, was submitted to chemical tests and ascertained to contain arsenic in sufficient quantity to produce all the bad symptoms. The presence of arsenic was also detected in the fluid ejected from the stomachs of the patients. These facts were communicated to the police on Tuesday, and Mr. Grauham, chief constable of Bradford, went to the shop of Mr. Potter, chymist and druggist, 117, Bridge-street, in that town, where the cream of tartar which the suffering family had swallowed had been purchased for them by a girl named Emma Biddy more than a week before. Mr. Potter stated that he had not sold the girl any arsenic, and that he kept his stock of arsenic in a room behind the shop, quite away from the cream of tartar drawer, which was in the shop. This he also pointed out to the chief constable, and the girl Biddy remembered that the cream of tartar was taken out of the drawer in which Mr. Potter said he kept it. The chief constable obtained a sample of the cream of tartar which was then in the drawer, and the sample, on being tested, proved to be free from any mixture of arsenic. This was accounted for by the fact that Mr. Potter had lately put a fresh supply into the drawer, having sold the whole of his previous stock, amounting to 71b. The cream of tartar supplied to the Johnsons having been administered with magnesia (the latter bought at a provision shop) doubts might have arisen as to where the arsenic really came from, had not a portion of cream of tartar purchased at Mr. Potter's shop about the time when the Johnsons got theirs been found in the house of a family named Simoson, in Croft-street. This had Mr. Potter's label upon it, and contained a considerable proportion of arsenic; while the stock of magnesia in the possession of the provision dealer of whom the Johnsons had bought their magnesia was found to be entirely free from that poison. Mrs. Simpson and her son, a tailor, on taking a small quantity of the cream of tartar, and finding it made them sick, discontinued the use of it, and did not suffer so much as the Johnsons, whose lives were at first in great jeopardy, and they are not yet considered out of danger. Other persons have been similarly affected. The cream of tartar in which the arsenic has been found was from a stock supplied to Mr. Potter by a large wholesale house in a distant town, and on Saturday, as soon as it was clearly established that the poison must have been in the cream of tartar when sold by Mr. Potter, steps were taken to apprise the wholesale house of what had happened, so that they might examine their stock of the latter article, with a view to prevent further mischief. At the same time placards were distributed throughout Bradford, and other West Riding towns, cautioning persons against using any cream of tartar they might have bought at Mr. Potter's shop since the 25th of April last, and requesting them to forward it to the chief constable of Bradford, as arsenic had been accidentally mixed with it. Between five and six years ago 17 persons were poisoned at Bradford by eating peppermint lozenges in which arsenic had been mixed by mistake, instead of plaster of paris, with which the maker had intended to adulterate them.

Appointments.—W. H. Ackland, M.D., has been elected President for 1863-64 of the Devon and Exeter Benevolent Medical Society; I. Ashe, M.B., has been elected Medical Officer for the Castleblayney Dispensary District of the Castleblayney Union, Co. Monaghan, vice W. N. Irwin, L.R.C.P.L., resigned; D. Dyce Brown, M.A., M.D., has been appointed Assistant-House Surgeon to the South Staffordshire General Hospital, Wolverhampton; T. Burnie, L.R.C.P., Ed., has been appointed Junior Resident Surgeon to the Birmingham General Dispensary, vice J. T. Smith, M.R.C.S.E., resigned; Sidney Chater, M.R.C.S.E., has been appointed Surgeon to the Metropolitan Dispensary and Charitable Fund, Fore-street, Cripplegate, vice L. Holden, F.R.C.S.E., resigned; Wm. Fairlie Clarke, M.A., M.R.C.S.E., has been elected Surgeon to the St. George's and St. James's Dispensary, in place of Mr. Wm. Bird, resigned; R. W. Coe, FR.C.S.E., whose period of service had expired, has been re-elected Surgeon to the Bristol General Hospital; J. B. Cowan, M.D., has been appointed Professor of the Ptactice of Medicine in Anderson's University, Glasgow, in the room of Andrew Anderson, M.D., resigned; G. Cowell, M.R.C.S.E., has been appointed one of the Attending Medical Officers of the Royal Pimlico Dispensary, vice Seys Ince, M.D., resigned; N. E. Cresswell, M.R.C.S.E., has been appointed Medical Officer for District No. 4, of the Ashford West Union, Kent, vice J. Griffith, M.R.C.S.E., resigned; J. H. Freeman, M.R.C.S.E., has been elected Medical Officer of Health for the Parish of St. George-in-the-East, vice R. Wilson, M.R.C.S.E., deceased; J. A. Haslewood, M.R.C.S.E., has been elected House-Surgeon to the Morpeth Dispensary, vice T. Gibson L.S.A., deceased; W. Joy, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Igburgh District of the Swaffham Union, Norfolk, vice R. B. Marriott, M.R.C.S.E., resigned; C. G. Kemp, M.R.C.S,E., has been appointed Dentist to the Leicester Infirmary; H. W. Langdon, M.R.C.S.E., has been appointed Medical Officer for District No. 6 of the Devizes Union, Wilts, vice W. B. Pepler, M.R.C.S.E., resigned; W. Mutch, L.R.C.S., Ed., has been elected Medical Officer for the Orton District of the East Ward Union, Appleby, Westmoreland, vice J. Dinwiddie, M.D., resigned; J. A. Orr, F.R.C.S.I., has been appointed Medical Officer for the Fleetwood District of the Fylde Union, Lancashire, vice E. Macmanus Daniel, L.R.C.S.I.; Dr. G. Padley has been elected Physician to the Swansea Infirmary; R. Pentland, F.R.C.S.I., has been appointed Medical Attendant to the Constabulary at Drogheda, vice T. T. Fogarty M.D., deceased; J. P. Purvis, M.R.C.S.E., has been appointed Surgeon to the West Herts Infirmary, Hemel Hempstead, vice E. Goddard, M.R.C.S.E., appointed Medical Officer and Public Vaccinator for District No. 1, and the Workhouse of the Leominster Union, Herefordshire; W. R. Roberts, M.R.C.S.E., has been appointed House-Surgeon to the Birmingham and Midland Free Hospital for Sick Children, vice T. Burnie, elected House-Surgeon to the Birmingham General Dispensary; R. Slade M.R.C.S.E., has been appointed Medical Officer for the Puddletown District of the Dorchester Union, vice T. Reynolds, M.R.C.S.E., resigned; J. S. Tuke, L.F.P. & S. Glas., has been appointed Medical Officer for the Week St. Mary District of the Stratton Union, Cornwall, vice Mr James Tuke, resigned.

APPOINTMENTS FOR THE WEEK.

Wednesday, May 27.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m. University College Hospital, 2 p.m.

Thursday, May 28.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Sur-

gical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Ansted, "On Geology."

Friday, May 29.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Royal Institution, 8 p.m.—Professor Max Müller, "On the Vedas."

Saturday, May 30.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor William Thompson, "On Electric Telegraphy."

Monday, June 1.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, June 2.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Progress of Ophthalmic Surgery from the Invention of the Ophthalmoscope (in 1850), up to the Present Time. By John Zachariah Laurence, F.R.C.S., &c. London: H. Mitchener, 26 Eversholt street, N.W.

Report of the Committee of Visitors of the Lunatic Asylum for the North and East Ridings of Yorkshire.

Copy of Correspondence between the Poor Law Board, the Dulverton Board of Guardians and Mr. J. B. Collyns, late Medical Officer of the Workhouse, &c.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the occurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

Dr. A. E. W. is thanked for his letter and for his good wishes.

Dr. E.—The letter arrived too late for insertion last week, and there is now no necessity to allude to the subject.

Ophthalmos.—The Calabar Bean is the fruit of the Physostigma venenosum.

Dr. H. O'F.—The present Registrar for the Branch Medical Council of Ireland is Dr. W. E. Steele, 35 Dawson street, Dublin. Dr. Mannsell has for a considerable period, ceased to hold the office. This change in the appointment may perhaps explain the circumstances alluded to by our Correspondent.

Mr. V. B. is thanked for his communication.

A Union Surgeon.—We are unable to give any information upon the subject referred to.

Z.—The paragraph was copied from a local paper.

Professor R.—The list has been received.

A Review of Dr. Hassall's work on the Urine will appear next week.

An Inquirer.—The papers will be resumed in our next number.

Dr. Nesfield's paper shall appear next week.

The Adams' Defence Fund.

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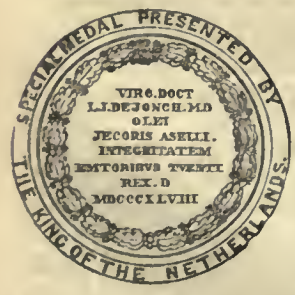

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PARISIAN MEDICAL NEWS.

Academy of Medicine.—Yellow Fever.—Origin of Vaccine.—Tincture of Iodine: a New Test for Diabetic Urine.—Tenderness of the Liver on Pressure in Typhoid Fever.—Petitions on the Subject of the Illegal Practice of Medicine.

Since the conclusion of the debate on drinkable waters, the Academy has devoted its attention to the yet unfinished communication of a very exhaustive report of Mr. Mélier, on the Epidemic of Yellow Fever, observed at Saint-Nazaire. So many important questions are mooted in this paper, that any remarks we could offer at present, would obviously be premature, and we shall, therefore, postpone any notice of the novel and suggestive views brought forward by the author, until the termination of the discussion to which they must give rise.

Before Mr. Mélier addressed the Academy, the periodical passage of arms took place between Messrs. Depaul and Bousquet, who every year display a considerable amount of unnecessary earnestness in support of their respective views as to the somewhat dubious origin of vaccine.

Does vaccine matter, as its name implies, exclusively originate in the cow or in the horse? Should it in this case be considered as the produce of the disease termed *grease*, or of some other special affection? Is the vaccinal eruption identical in nature with variola, spontaneously developed or artificially generated in animals, and does it acquire its preservative character by inoculation to the human subject? Such are the problems it is attempted to solve by an appeal to the facts observed at Chartres and Toulouse; these, experiment only can finally decide, but we entirely agree with the learned Editor of the *Gazette Médicale*, that it matters little to the fame of Jenner whether he stated, explicitly or not, that cow-pox originates in the horse.

— We mentioned in our last number that Professor Trousseau and Dr. Dumontpallier, his *chef de clinique*, had discovered a new and convenient test of diabetic urine. It consists in the addition to the suspected fluid of a few drops of tincture of iodine. If glucose be present, the urine assumes at first in consequence of the admixture the colour of barley-sugar, which promptly disappears, leaving the fluid after a few seconds in a perfectly pale and transparent condition. With Mr. Salleron's drop-bottle, it has been ascertained that six cubic centimetres of diabetic urine rapidly discolour eight, ten, twenty, and even as much as thirty-six drops of the alcoholic tincture of iodine in common use in the hospitals.

Messrs. Trousseau and Dumontpallier pour at once four drops of tincture of iodine into six cubic centimetres of the urine to be examined, experiment having shown that the healthy secretion is insufficiently tinged by the addition of two or three drops of the tincture. It is seldom necessary to increase the amount to five, six, or seven drops, to obtain a marked roseate hue. The chemical circumstances which promote the phenomenon have not hitherto been accurately determined.

In a clinical point of view, the authors conceive that it is even now fully demonstrated, that urine slightly acid, passed in the morning by a healthy or diseased subject, will be coloured in a marked manner for a variable space of time, by the addition of four, six, or eight drops of tincture of iodine, whereas urine containing glucose, *very promptly* removes all trace of colour, as we have stated above, from four, eight, and even thirty-six drops of tincture.

Professor Grassi has repeated the experiment, and vouches for its correctness; he is now engaged in the research of the chemical theory of the fact, which Messrs. Trousseau and Dumontpallier touched on but lightly in their communication on the subject to the Society of Biology. The rough fact is not, however, yet universally admitted, and the *Gazette Hebdomadaire* relates experiments which tend to deprive it of its general character, and to detract from its value. We, therefore, invite our readers to repeat the experiment with the tincture of the codex, and as researches of a similar kind will doubtless be instituted in all directions, we may expect soon to be supplied with reliable information, as to the reliability of this new procedure of special diagnosis.

— While on the subject of semeiology, we may take this opportunity of making amends to Mr. Beau for an involuntary omission. We allude to the tenderness on pressure of the liver, which that sagacious observer views as a symptom of typhoid fever.

Mr. Beau is in the habit of exhibiting aperients with no sparing hand in this affection, a practice he has adopted as a consequence of his belief that diseased bile induces ulcerative inflammation of the intestine, by a process analogous to that which leads to the formation of bed-sores, when from want of proper attention the posterior parts of the pelvis remain, during typhoid fever, in protracted, and sometimes permanent contact with the alvine evacuations. These injurious properties acquired by the bile are due, in the professor's opinion, to a morbid condition of the liver, and indicate the important share of the hepatic gland in the production of typhoid symptoms. This theory derives some support from a clinical fact, which may assist the physician's diagnosis, at an early stage of the disease. Percussion performed over the hepatic region, and pressure with the hand occasion a sensation of pain, which is more marked in the neighbourhood of the gall-bladder. Mr. Beau further remarks that this symptom is observable in the earliest stages of typhoid fever, in the posterior as well as the anterior hepatic region, that it persists during the entire course of the complaint, and never yields before the conclusion of the third week of its duration.

— Several petitions bearing the signatures of Messrs. Linas and Mayer, of Paris, and of Dr. Manuel, of Gap (Hautes Alpes), have recently been presented to the Senate, praying for a revision of the law of the 19th Ventose of the year XI, on the practice of medicine. The following is Mr. Tourangin's report, supplied by the *Moniteur*:—

"Among civilised nations the healing-art has always been highly honoured. Under the old *régime*, France could boast of eighteen Medical Schools, several of which enjoyed considerable celebrity. The Revolution, which levelled all distinctions, while destroying the political institutions of the country, did not spare its scientific establishments, and a decree of 16 August, 1792, abolished the universities, schools, and learned corporations.

"The tuition of medicine thus ceased to exist, and the Medical Profession became a prey to the most complete anarchy—a state of things incompatible with the *régime* instituted by Napoleon the First—and the Act of the 19th Ventose, year XI, (11th March, 1803,) was in consequence presented to the sanction of the Legislative Assembly.

"In the preamble of that bill, the celebrated Fourcroy expatiated on the anarchy which had followed the former state of organisation, and pointed out the inroads of empiricism and quackery, urged on by mercenary motives to take advantage of the credulity of the public. In order effectually to remove these manifold evils, said he, a regular and uniform system of tuition must be established for those who intend to devote themselves to the Medical Profession.

"The Act of the year XI restored the schools and regulated the practice of medicine. This law was a benefaction, but its provisions were not uninfluenced by the peculiar circumstances under which it was promulgated, and it became subsequently necessary to place the tuition and practice of the healing-art in harmony with the progress of science, and the improved state of society.

"Under the government of the first Napoleon, a report signed by Dupuytren, enumerated the defects of the constitution of the Medical Corporation, and showed the necessity of a reform. In 1825 and 1826, bills on this important subject were presented to the Chamber of Peers, and gave rise to remarkable debates. In 1838, another bill prepared by a committee of the most eminent members of the Chamber of Deputies, was on the eve of being submitted to the legislature, when a change of administration caused its adjournment, but it still continued deeply to pre-occupy the Medical Profession and the public. In 1845, an important manifesta-

tion again invited the attention of the government to the question. The Medical Congress, in which the most eminent practitioners of Paris and the Departments took part, threw light on the condition of medicine in France, and showed the necessity of an early and radical reform of the law of the 19th Ventose of the year XI.

"In 1847, a bill was presented to the Chamber of Peers, and after the introduction of a few amendments suggested by a searching debate, was laid before the Chamber of Deputies on the 3rd of January, 1848.

"The minister in his preamble enumerated the many vicissitudes which the question had passed through, and added:—'Under the auspices of the agreement of all the Medical corporations, of all the schools, of the Congress, of a host of Medical and scientific societies, of the superior council of Medical studies, and what is more, of the House of Peers, we now propose that you should decide the suit, on which twenty-five years ago, Cuvier, Chaptal, and both houses were at variance.'

"The events of February, 1848, supervened and prevented the bill being adopted. The Act of the 19th Ventose, 1803, with all its imperfections, is, therefore, still in vigour. The demands for its repeal are now many and clamorous. The authors of the petitions to the Senate inveigh chiefly against the penal clauses of the law of 1803, which they deem insufficient to check the progress of charlatanism, empiricism, and the many abuses from which the Medical Profession unjustly suffers.

"The Act of 1804 styles the illegal practice of medicine *a misdemeanour*, and clause 35 inflicts for the offence, in behalf of the hospitals, a fine, the *minimum* or *maximum* of which is not fixed; the judge thus preserving the power to determine the amount according to the circumstances of each case. But the Court of Cassation has repeatedly ruled that, the law being silent on this point, the tribunals could inflict but the smallest of pecuniary penalties which a police-court can apply—viz., fifteen francs at the utmost.

"It follows from these precedents, which now and then give rise to litigation, that an offence which the law styles a *misdemeanour* (*délit*), is prosecuted and punished as a mere offence against police regulations (*contravention*). The courts affected to the trial of misdemeanours, are required to try cases to which police-fines only apply, and the police-courts may have to try offences to which the law applies the term misdemeanour, an irregularity which shows that the law of the year XI is obsolete.

"Without inquiring whether a simple police-fine is a sufficient punishment for the illegal practice of medicine, we are compelled to acknowledge that the penal clauses of the law as it now stands are not in harmony with our present criminal legislation, and that the entire Act requires revision.

"To solve questions which have so long been pending, is a task worthy of the Emperor's government, and we may venture to say that the competent ministers will readily accept this useful and delicate mission."

On the proposition of the Reporter, the Senate referred the petitions alluded to, to the Ministers of Justice, Public Instruction, and Commerce.

HOSPITAL OF THE SCHOOL OF MEDICINE.

PROFESSOR DEPAUL'S WARDS.

Treatment of Eclampsy.

Chloroform having recently been much extolled as a remedy for eclampsy, Mr. Depaul expatiated on the treatment of this disease, and inquired into the comparative efficacy of the various medications hitherto recommended for the purpose of obviating its occurrence or contending with its symptoms, by which the life of both mother and child are often jeopardised.

Let us say at once that the successor of Baron P. Dubois has not been induced to alter his opinion by the alleged success of chloroform, and that the late and present professors of midwifery entirely agree in ascribing superior efficacy to blood-letting under the circumstances here alluded to.

Venesection and laxatives have been resorted to during pregnancy, for the purpose of obviating the occurrence of eclampsy in robust, plethoric women, liable to congestion of the head; baths and anti-spasmodics are considered appropriate in the case of delicate, and nervous subjects; and diuretics are usually prescribed if the urine contains albumen, and if anasarca be present. It is a matter of some difficulty to decide between the respective claims of these various remedial measures to our confidence, because in several instances in which the premonitory signs of eclampsy were unequivocally observed, no attack supervened, although no active treatment was instituted. Professor Depaul, however, expresses his partiality for venesection, a procedure which, in his opinion, diminishes the waste of albumen, when it does not altogether remove it, decreases headache and œdema, and has often averted imminent paroxysms.

The curative treatment should be both medical and surgical.

In cases of eclamptic convulsion it was formerly an established principle that the accoucheur's first duty was to remove the contents of the uterus. Hence manual or instrumental interference, which Mr. Depaul utterly condemns. The professor now conceives himself justified in stating that the treatment of eclampsy should be instituted on the general principles which guide the practitioner in other forms of acute disease, that the affection has its peculiar characters, and after ten, twelve, twenty, or thirty successive paroxysms, terminates in death or recovery, despite all the surgeon's efforts to promote or hasten the progress of labour.

Operations calculated to induce premature delivery would obviously here be out of place, as they require a period of time, which, in general, exceeds the average duration of the disease.

Whatever be the causes and nature of eclampsy, the action, at least the apparent action, of the various remedies employed may not unprofitably be inquired into. In addition to venesection and anæsthesia, these remedies are numerous. Mustard poultices are inefficient; blisters, in cases of such urgent peril, are too slow in their operation; and, according to Mr. Depaul, no reliance can be placed on ice, pressure of the carotid arteries, Junod's large air-exhausters or diuretics. (*a*)

In the first place, as the sovereign remedy for eclampsy, Mr. Depaul advocates bleeding, and complains that even those who are partial to the measure do not resort to it with sufficient energy. Ten or twelve ounces of blood are generally taken from the arm, and leeches are then applied to the mastoids: this is not enough. Blood-letting can be useful only when boldly instituted. Mr. Depaul begins by removing 20 oz. of blood by venesection, and the frequency of the paroxysms usually abates. Should they return with violence after an interval of half-an-hour, the same quantity of blood is again abstracted, and leeches applied behind the ears. This treatment was recently resorted to in the case of a patient in the wards of the Hospital of the School of Medicine; phlebotomy twice repeated, and leeching weakened and finally altogether checked the paroxysms; had they re-appeared, Mr. Depaul would unhesitatingly have opened a vein a third, and even a fourth time, and thus removed three or four pounds of blood in the course of a few hours.

For a period of twelve years this practitioner was in the habit of bleeding once only, to the extent of ten or twelve ounces, of applying leeches, and subsequently exhibiting aperients and sudorifics; more than half of his cases ter-

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(*a*) Mr. Depaul did not notice the application to the head of cloths impregnated with cold water, while the body is immersed in a hot bath, the treatment which Scanzoni conceives to be most certain in its effects after the exhibition of opium, from which the Würtzburg professor has derived the greatest benefit. Small doses, however, says he, would be unavailing; complete narcotism must be effected by the administration of acetate of morphine internally, and enemas containing tinct. of opium repeated every half-hour.

Under the influence of this drug, the convulsive paroxysms are gradually divested of their intensity, isolated spasmodic contractions follow, and finally subside altogether.—THE EDITOR.

minated fatally. In a subsequent period of twelve years, Mr. Depaul adopted a different system, with far more satisfactory results.

When I am summoned in the incipient stage of the paroxysms, said the Professor, I pledge myself to save the patient by blood-letting repeated at short intervals, and a cure follows in most instances.

With regard to the therapeutic effects of artificial anæsthesia in eclampsy, Mr. Depaul stated that he could not altogether agree in the favourable opinion entertained by several of his colleagues in the efficacy of chloroform for the removal of eclamptic fits. Without entering into an unnecessary inquiry as to the mode of action of the drug, and setting aside the interpretation of the facts observed, Mr. Depaul opines that in many cases in which chloroform was employed, venesection or other measures had previously been resorted to. Under opposite circumstances, no favourable effects followed its administration, and a case in point occurred at the Hospital of the School of Medicine. A woman was seized with eclamptic convulsions; the Interne, who had studied at La Maternité, where chloroform is in high repute, kept the patient for four hours in a state of anæsthetic unconsciousness. Three ounces and a half of chloroform were inhaled, and the results were decidedly unsatisfactory. Instead of becoming less severe and less frequent, the paroxysms increased in violence and recurred at short intervals, although delivery had for some hours been effected, a fact in contradiction with the alleged influence of the conclusion of labour on the cessation of the cerebral symptoms. Matters were in this position when Mr. Depaul, who then visited the wards, ordered the patient to be bled twice, in half-an-hour; leeches were applied, and a cure was effected. The patient subsequently died of peritonitis, a result which will occasion no surprise when the predisposition of subjects suffering from eclampsy to puerperal affections is borne in mind.

This case is unfavourable to the exhibition of chloroform; but one instance does not afford sufficient evidence for or against the efficacy of a remedial agent, and Mr. Depaul intends to repeat the experiment which is stated to be successful in another lying-in hospital.

Let us conclude with a few remarks on the surgical treatment of eclampsy, which, twenty years ago, was considered, as we have stated, of paramount importance. To remove the contents of the gravid uterus was then viewed as the first indication, and the only question to be decided was the choice of the means to be adopted according to the period of pregnancy reached by the patient. (*a*). If dilatation was complete, and the head within reach, the forceps was applied; when the presentation was irregular, turning was resorted to. Now Mr. Depaul is of opinion that even in those cases in which the accoucheur's intervention is possible and meets with no obstacles, the first indication is to institute remedial measures calculated to check the eclampsy. The patient should therefore be freely bled, after which delivery should be effected in order to save the child from impending death.

When the os uteri is dilated to the size of a shilling piece, let us say, forcible and sudden interposition, which has often been attempted, should, according to Mr. Depaul, never be ventured on. Mr. Dubois formerly adopted this plan, and after incision of the os uteri at the sides and at the back, as soon as sufficient dilatation was attained, which sometimes followed in the space of five minutes, he inserted his hand or applied the forceps. Despite the well-known dexterity of this experienced accoucheur, the results were generally disastrous, and he was compelled to discontinue this practice. Direct interference would, in such cases, be justifiable for the sake of the child, if, for instance, by a careful use of the stethoscope, the fœtal circulation was found weaker after each fit. In this instance there might perhaps be some room for demur, but Mr. Depaul peremptorily declares that he considers blood-letting the safest course to pursue.

Hesitation would be less warrantable if the eclamptic convulsions occurred in a primipara, while the cervix is still elongated and entirely closed. Any manipulations for the purpose of effecting delivery during the progress of a disease which may terminate fatally in a few hours, would obviously be preposterous. Whatever method be resorted to, any attempt to accomplish this object would require for its fulfilment ten, twelve, twenty hours or more, and in the course of twenty hours death has supervened or recovery has taken place.

(*a*) Other principles have long prevailed, however, in England, as we may infer from the following passage in which the practice advocated by Dr. Dépaul is distinctly recommended:

"In no case, however, ought we to deliver till we have freely detracted blood, as we otherwise might add to the excitement of the brain or spinal nerves." (Burns's Principles of Midwifery, 9th Edit. 1837, p. 524.)

The Medical Circular.

ORIGINAL COMMUNICATIONS.

LECTURES
ON DISEASES OF THE EAR.

By James Yearsley, Esq., M.D.

(Continued from page 257.)

It is desirable to say a few words as to the mode of performing the operation of catheterism, and the proper instruments for the purpose.

The authors most worthy of notice in relation to catheterism are Itard, Saissy, and Deleau. Itard used a silver catheter, the extremity of which diverged into a curve from the straight part to the extent of about five lines, the curvature commencing at about an inch from the extremity; its point was also slightly enlarged to prevent it scratching the mucous membrane with which it was to come in contact. He measured the distance between the first incisor teeth of the upper jaw and the base of the uvula, a distance which he had observed to be nearly equal to that which separates the anterior commissure of the nostril from the opening of the Eustachian tube. He then introduced a portion of the catheter, equal to this distance, into the nostril, corresponding to the tube which he wished to inject, and by gently turning its beak outwards and upwards, he managed by manual tact, to insert it into the tube.

"When the catheter," he says, "has entered the nostril to the point previously marked upon the scale, its beak is to be carefully raised towards the external wall of the nostril, and the operator then becomes aware of its being engaged in a cavity which will not permit the instrument to advance or recede, so long as it is held in the same direction."

The catheter recommended by Saissy has three curvatures, and in shape is not unlike an italic "*f*." Like Itard's catheter, the extremity which is to pass into the Eustachian tube is slightly bulbous, and at the other extremity is a socket to receive the nozzle of a syringe. At the side of the socket is a ring or plate to indicate the direction of the beak of the catheter, when inserted into the nostril. From the peculiar shape of these catheters, the operator requires to have a large assortment of them, especially as those intended for the right side will not suit the left and vice versa.

"The patient being seated in a chair, with the head slightly thrown backwards, the operator standing opposite, holds the instrument like a writing pen in the right hand, provided it is the right Eustachian tube he is about to catheterise; the left hand or only the finger being gently placed on the forehead of the patient. The catheter is then carefully introduced into the nostril, the point being directed downwards: as soon as the first curvature of the instrument has entered the nostril, the wrist should be lowered, and the instrument urged discreetly onwards; when the second curvature has become engaged in the nostril, the rounded extremity of the catheter is near the orifice of the Eustachion tube; it then becomes necessary to raise this part a little, by making a rotatory motion of the wrist inwards, and at the same time to rest the third curvature upon the partition of the nose.

"The operator may be sure of the catheter being in the tube when the ring is directed vertically upwards, when it does not vacillate, and when the fluid which is injected, returns through the mouth-piece of the catheter."

Deleau disapproved altogether of the inflexible silver catheter, whatever shape it may be made to assume, and proposed as a substitute, catheters composed of gum-elastic six inches long, and open at both extremities. In their favour he insisted upon their simplicity, and their flexibility, qualities which are properly appreciated by patients, and which lead them immediately to submit to their introduction into the nasal fossæ." But a *ruse* was advised by Deleau, quite unworthy of a scientific and candid

practitioner, namely that care should be taken to show the catheters divested of their stylets, and after being well softened in warm water. "By heat they acquire a suppleness, which renders their contact with the mucous membrane not only very supportable, but is also of great consequence at one period of the operation. For adults they should be five or six inches long, for some persons shorter; they should be only a line or a line and a half in diameter, and their coats as thin as possible." He says further, the material used for anointing the catheter is not an indifferent matter. He prefers thick gum-water to cerate or to oil. "Patients dislike the last named greasy substances; they say a disagreeable sensation is left in the throat by them, which produces coughing and spitting. Mucilage having all the properties of the nasal secretion, has not this inconvenience."

In this country the catheter of Itard is generally preferred. Mr. Pilcher invented an instrument peculiar to himself. His catheter had two curves, the one near the point, and the other near the handle. He also thought the ceremony of the air press might be dispensed with, preferring the injection of air or fluid from an ordinary syringe, fitted to the nozzle of the catheter. There are several weighty objections to this plan, sufficient, as I believe, to condemn it altogether. In the first place, the greater crookedness of the instrument, must inevitably cause more pain than any other form of catheter, particularly as there is in the floor of the nares no curves to accommodate it to the instrument. In the next place, holding the nozzle of the catheter in the hand, cannot steady it so effectually as the frontlet, and hence another source of pain to the patient, besides which, only one hand is left to the operator to manage the syringe. Again, the use of a syringe, and the neglect of the frontlet, quite destroy all power of using catheterism as a means of diagnosis, one of its most important purposes. It is quite impossible, while both hands are engaged in attending to the catheter syringe, for the operator to apply the stethoscope to the patient's ear, so as to learn whether the air actually enters the drum, and if it enter, whether the dry, healthy murmur, or mucous rhonchus is produced. In fact, with such imperfect instruments, it would be impossible for the operator to diagnose a simple case of obstructed tube, with certainty.

The following is a description of the operation as I am in the habit of performing it :—

The patient being seated on a chair, the operator applies the frontlet of Itard to the head, buckling the straps behind, and taking care so to adjust it, as that the extremities of the blades of the forceps shall reach to about a quarter or half an inch below the alæ nasi, so as to admit of their being readily lifted over the catheter when inserted. Attention having been given to this precautionary measure, the forceps, which are held firmly by the ball and socket joint, may be turned on one side out of the way whilst the operator proceeds to introduce the catheter into the Eustachian tube. The catheter, previously warmed (which may be readily done by running it briskly through the fingers), is laid hold of by the operator with the right hand at its socket extremity, care being taken that its concavity presents downwards. It is then introduced into the nostril corresponding to the tube into which it is to be inserted, and urged carefully and delicately along the inferior meatus and floor of the nostril until the beak strikes against the posterior surface of the pharynx. The tact and dexterity of the operator are now put to the test, to find the orifice of the Eustachian tube ; in fact, at this point a dexterity analogous to the *tour de maitre* of urethral catheterism is required. Up to this time, the ring of the catheter, which indicates the position of the beak, presents downwards ; the operator now makes a rotation of the catheter outwards and upwards at the same moment, withdrawing it slightly towards himself. In the act of doing this, he may, in most cases, detect the beak of the catheter gliding over the rounded margin of the elliptic orifice of the passage, into which, with a gentle force, it should be then guided ; with the left hand the blades of the forceps are then lifted over the catheter, and screwed tightly upon it. Through the catheter thus fixed in the Eustachian passage the operator may inject air, water, vapour, or other medicaments best suited to the individual case ; or, supposing he has a contracted or strictured tube to contend with, he may introduce whalebone or catgut bougies with a fair prospect of conferring benefit on his patient.

For the purpose of exploring the Eustachian tube and the cavity of the tympanum, or for their de-obstruction, *compressed air* may be employed by means of a reservoir, four inches in diameter, and five in height, connected with a condensing syringe, by a curved brass tube. The condenser is furnished at the top with a stop-cock, from which *proceeds* a flexible tube, the extremity of which terminates in a nozzle which accurately fits the socket of the catheter, already fixed in the Eustachian tube. The reservoir is then charged by means of the condensing syringe (*ad libitum*), and the operator then places a stethoscope between his own ear and that of his patient. Both hands being left at liberty, one is applied to the stop-cock to regulate the escape of air, and the other to the point of junction of the catheter and flexible tube, to direct the point of the former, either by retracting or urging it forward into the Eustachian tube.

Practical experience will enable the operator to determine, by the sounds which are produced by the gradual and carefully regulated escape of air, the precise condition of the Eustachian tube and its investing membrane—its permeability or obstruction ; the same of the cavity of the tympanum. His diagnosis and prognosis will thus be materially assisted. In some cases, perhaps previously deemed incurable, success will follow a repetition of the operation ; whilst others, which might otherwise have been subjected to a long and harassing treatment, will be at once found by this simple operation to be beyond the reach of hope.

The frontlet bandage recommended by Itard (infinitely the best thing of the kind for the object in view, namely, fixing the catheter) consists of a middle piece, made of metal, bent so as to fit the arch of the forehead, and slightly padded inside ; and to this are attached two straps, which fasten with a buckle. To the centre of this a pair of forceps are attached, which move in a ball and socket joint, and the blades of which are brought together by means of a screw.

Without such an apparatus as this, the catheter would have to be held in the nostril, after being introduced into the Eustachian tube, either by the patient or the operator, whilst the injection, whatever it may be, is accomplished ; thereby entailing great inconvenience and no little risk of the catheter becoming disengaged from its situation, which the slightest movement of the hand of the operator or the head of the patient would effect.

Not only for the convenience of the operator, but for the comfort of the patient, this instrument is indispensable. The catheter being once fastened between the blades of the forceps, the patient feels at his ease, and experiences no inconvenience.

The small apparatus which I employ for the purpose of conveying vapour or air saturated with the moisture of medicated fluids into the tympanum, differs materially from that recommended by Itard. It consists of a small glass globe, two inches and a half in diameter, provided with a wooden stopper, perforated in two places, so as to be capable of receiving the nozzle of the flexible tube of the air-condenser on one side, and the nozzle of another flexible tube on the other ; the other extremity of the latter tube being intended to be inserted into the socket of the catheter, when placed in the patient's Eustachian tube. Connected with the nozzle of the flexible tube of the air-condenser is an ivory pipe, which passes through the stopper to within an inch of the bottom of the glass receiver.

To inject ætherous vapour, &c., it is only required to fill the glass globe receiver half-full of water, and add a few drops of æther. The flexible tubes being then adjusted as just described, and the air reservoir charged, the stop-cock is turned just sufficient to cause a few bubbles in the water. The air becomes as it were saturated with æther, and passing through the flexible tube, fitted to the catheter in the patient's nose, must inevitably reach the tympanum, provided there be no obstruction in the Eustachian tube, and the catheter be placed within it. It is, however, clear, that this point should be ascertained before the vapour is attempted to be introduced.

Medicated fluids of various kinds may be injected into the tympanum by means of a small syringe having a nozzle adapted to the socket of the Eustachian tube catheter.

The apparatus used for the introduction of air into the tympanum varies in shape according to the taste of the operator ; but the principle in each must be alike, namely, the compression of air, which, by the assistance of a stop-cock, may be used *ad libitum*. For the important purpose of *exploration*, and indeed where used *remedially* (for it should not be supposed that a *powerful* stream of air is ever required), the lungs of the operator are quite sufficient ; and were it not that we are constantly meeting with fastidious patients, who do not like air that has been breathed, I should use my own lungs, in preference to any other apparatus ; and in that case nothing more is required than a flexible tube, about three-quarters of a yard in length, one extremity of which is retained in the mouth of the operator, whilst the other is loosely attached to the mouth-piece of the catheter already inserted and fixed in the Eustachian tube of the patient.

(To be continued.)

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Dr. J. H. Bennett, continuing his Lectures on "Molecular Physiology, Pathology, and Therapeutics," and their application to the treatment of disease, now treats of inflammation. After dismissing many of the conditions which are supposed to constitute inflammation, Dr. Bennett comes to the conclusion that the real nature of this affection consists in exudation of the liquor sanguinis. This is the only morbid phenomenon which unequivocally characterises inflammation, and the exudation may have two results, viz., it may live or die. If it lives, it constitutes a molecular blastema, in which new growths spring up, temporary or permanent, according to the molecular law of development, such as pus and adhesiv

lymph. If it dies, the result may be ulceration, mortification, or resolution. In speaking of the treatment of inflammation, Dr. Bennett, as is well known, opposes antiphlogistic measures, and he produces statistics in support of what he conceives to be the correct therapeutical indications. Sir J. RANALD MARTIN contributes a paper on the "Causes of Hepatic Diseases in the East Indies," attributing a very injurious influence to the habit of spirit-drinking among our troops. The climate of India is not so pernicious as is generally supposed, but hepatic diseases are encouraged by causes which might, in a great measure, be prevented. Among the preventive measures may be enumerated the removal of troops to the cool atmosphere of the mountain ranges in India, and the avoidance of overfeeding, overcrowding in barracks, and the abuse of spirituous liquors. Dr. A. S. MYRTLE relates a case of what he terms "Anæmic Sphacelus," in which the fingers and toes were threatened with mortification, and one part of the little finger actually did mortify. The other fingers and toes were saved, and Dr. Myrtle thinks that there was no disease of the arteries, but merely a general weakness of constitution.

THE 'MEDICAL TIMES AND GAZETTE.'

PROFESSOR HUXLEY commences the number with an able and original Lecture on the "Classification of the Mammalia," the distinguishing characters being founded on the structure of the Placenta, the various forms of which and of the uterus are illustrated by woodcuts. Dr. T. MCCALL ANDERSON continues his Lectures on Skin diseases, the present subject being "Eczema." Dr. JOHN COCKLE concludes his paper on "Aneurismal Tumours" involving the neck. Dr. COTTON continues his paper on the "Action of certain substances upon Phthisis." In reference to phosphoric acid, the results are not very conclusive, but Dr. Cotten believes that it acts beneficially as a tonic in certain consumptive cases, although, as a general rule, it is inferior to some of the other mineral acids, and that when taken in conjunction with iron its good effects appear to be considerably enhanced. Dr. ARTHUR MITCHELL communicates a paper on "Difficult Parturition in Connexion with Idiocy." The object of his investigations has been to ascertain the connexion which exists between the fact of idiocy, and the occurrence of difficult or instrumental labour at the period of the idiot's birth. He infers, from a number of statistics, that the act of birth does occasionally cause idiocy in the child, and that this result is in proportion to the difficulty or anomaly of the labour. Dr. Mitchell gives the details of five cases, which are interesting, and the subject deserves attention, although the materials are at present too scanty to enable us to draw any definite conclusions.

THE 'BRITISH MEDICAL JOURNAL.'

MR. THOMAS BRYANT in a lecture on the "Surgical Diseases of Children," describes the differences in the surgical affections of the urino-genital organs in the child and the adult. Irritability of the bladder in children, although often referred to stone in that organ, is very often caused merely by an elongated and adherent prepuce, and a complete cure is afforded by circumcision. Stone in the bladder is, however, a frequent disease in children, and two-thirds of the cases which come under observation in hospital practice are in children, and not one in twenty of these cases proves fatal after operation. The comparative mortality after the operation is much greater in adults, but the number of cases is smaller. Dr. J. O. FLETCHER contributes a paper on "Exophthalmic Goître," relating six cases observed by himself, and three by Dr. Thorburn. The cases are very well related, especially the first of the series, and Dr. Fletcher exhibits great research into the literature bearing upon this disease, and gives an able sketch of its etiology, symptoms, diagnosis, prognosis, and treatment. The prognosis is always favourable, and the treatment consists in the administration of sedatives and tonics, with nutritious unstimulating diet. Dr. S. O. HABERSHON relates three cases showing the connexion existing between chorea, rheumatism, and pericarditis; two of the cases recovered, but the third terminated in sudden death, and on a post-mortem examination, marks of recent pericarditis and endocarditis were distinctly observed. SIR HENRY COOPER contributes the particulars of a case bearing upon the question of opening hepatic abscess. In the instance related the abscess was opened and the patient recovered. Dr. JOHN CANDY relates a "Case of Acute Hydrocephalus," in which the cure of the disease appeared decidedly due to the judicious employment of remedies, as cold affusion to the head, the administration of saline purgatives and calomel, and the application of a blister to the occiput and ice to the scalp. Mr. W. W. JONES contributes the particulars of "Three Cases of Puerperal Convulsions," all of which recovered under the employment of prompt bleeding.

THE 'DUBLIN QUARTERLY JOURNAL OF MEDICAL SCIENCE.'

The first of the original communications is a series of Reports on Operative Surgery, by Dr. BUTCHER, comprising the record of five very interesting and formidable operations, followed in each instance by perfect recovery. The first case was one of Elephantiasis Arabum, in a woman, affecting the right lower extremity, and the disease had lasted for eighteen years. The remedial plan adopted was the ligature of the femoral artery, an operation which was effected with very considerable difficulty, owing to the enormously swollen condition of the parts. The result, however, was quite favourable, the limb resumed its natural dimensions, and the patient returned to her employment as a laundress. The second case was an Excision of the Knee-joint, the patient being a young man of twenty, suffering most severely both from the local disease and from constitutional disturbance. The result was quite successful, and there was no deformity. The third and fourth cases were instances of large tumours involving the entire upper jaw and palate bones, successfully removed by operation without the supervention of any bad consequences, notwithstanding the formidable character of the disease, the dangerous nature of the operations, the copious hæmorrhage from the internal maxillary artery, and other serious complications. One of the patients was a woman of eighty years of age, who, after the operation, suffered from terrific hæmorrhage, treated by cauterisation of the deep internal parts, ligature of the internal maxillary artery, and the application of digital compression kept up for fifty-eight hours. In spite of these difficulties and the advanced age of the patient, she entirely recovered, and with very little disfigurement. The fifth case was one of a most unusual and hideous form of double hare-lip, complicated with double-fissured palate, in a child two years and a-half old. This deformity was removed by a very complicated and ingenious operation, and the child's features were metamorphosed into a natural shape. Dr. Butcher, in his remarks on the after-treatment of the case, insists very strongly upon the importance of the administration of opium, and, in his opinion, children bear opium, in proportion to their years, even better than adults. Dr. Butcher's operations and descriptions are illustrated by several very well-executed engravings. Dr. ROBERT LAW relates a case of "Cancer of the Heart and Lungs," in which the disease was suspected before death, and the post-mortem examination confirmed the suspicion. Cancer of the heart is a very rare disease; but in this case a scirrhous tubercle was found in each ventricle. Mr. JOSIAH SMYLY contributes a paper on some operations for Strangulated Hernia, with their results, whether favourable or unfavourable. Fifteen cases are given, eight of inguinal, all in males, and seven of femoral hernia, all in females. Nine of the cases recovered perfectly, and in the six fatal cases peritonitis was the cause of death. In one of the latter, the obturator artery was given off from the epigastric, and ran a great risk of being wounded. Mr. CHRISTOPHER HEATH has an article

(Continued at page 306.)

THE MEDICAL CIRCULAR.

WEDNESDAY, JUNE 3, 1863.

THE PROCEEDINGS OF THE MEDICAL COUNCIL.

We entirely disagree with some of our Medical contemporaries in undervaluing the importance of the proceedings of the Medical Council, now sitting at the College of Physicians in Pall mall. On the contrary, we believe, notwithstanding the heterogenous nature of the Council itself, and the conflicting views which agitate its members, that it is a body calculated to do very extensive good, and that there are among its number many who entertain honest and enlightened views, entitled to the support of the Medical press and of the Medical community in general. We shall, therefore, give a prominent place to the record of its Transactions, and shall from time to time make such comments on its proceedings as the occasion seems to require.

Although the Council has hitherto sat only a few days, some very important business has been transacted. On the first day the question was again raised as to the admission of reporters for the press, and was decided in the negative. We offer no opinion on one side or the other of this matter, as we are indifferent to it: we are supplied from day to day with the result of the deliberations, and if our honest opinion were asked, we should express our gratitude at being relieved from the task of either hearing or reading the lengthy discussions which no doubt take place on every motion. In the House of Commons, including some of the greatest orators of the day, the debates are often tedious enough, and we can imagine what they must be from the mouths of those who have no special talent for oratorical display.

A more important matter was a communication from Sir George Grey, authorising the distribution of 2,000 copies of the *Medical Register* to public offices, at a cost not exceeding 300*l.* per annum. This must be good news for the Council, as they have been hitherto printing and publishing the Register at a loss, and we must also state that the move is a good one for the public interest, for in our offices and courts of judicature, the want of this official book has long been very severely felt.

On the second day a ceremony of expurgation took place, certain names being ordered to be erased from the Register on various grounds. A Mr. John Lacey, the entry of whose name is said to have been fraudently or incorrectly made, and was, therefore, struck off the list, was refused the privilege of registration; but it was left to that person to show cause against the step if he thought proper to do so. In the case of another person who is said to have endeavoured to procure a licence from Edinburgh by personation, the Court of Examiners of the Society of Apothecaries were recommended not to admit him to examination. Whether the mere recommendation is sufficient, without a positive precept and a guarantee against consequences, is probably a legal question.

On the same day Robert Jacob Jordan, whom we have recently described in our pages, was shorn of his qualification on the Register, as a member of the Royal College of Surgeons of England, but as the Royal College of Physicians of Edinburgh still has the honour of retaining him among its members, no other step was taken with regard to him. Another person, better known, perhaps, than he to whom we have just alluded, was struck off the Register—namely, Samuel La'Mert, one of whose offences is said to consist in publishing or causing to be published, an indecent and unprofessional treatise entitled "Self-Preservation," &c. The Report of the Pharmacopœia Committee confirms our statement made in the beginning of April, as to the progress already made in the work, and the probability that it will soon be in the hands of the Profession; it is now stated not later than next October.

The third day's proceedings will be read with very great interest, as confirming our remarks lately made on the heterogenous composition of the Council, and on the selfish views which actuate some of its members. We allude more particularly to two letters, one from the Royal College of Surgeons of England, and another from the President of the Royal College of Surgeons of Edinburgh, and as they are too long to quote, we request our readers to peruse the documents for themselves, while we make a few observations on their tendency and meaning.

Before the appointment of the Medical Council, it had been the earnest wish of some of the more thoughtful class of Medical Reformers, to elevate the standard of preliminary education, and some of the Medical Educational Bodies had made regulations on that subject which were attended with very beneficial results. It was thought by most reflective persons that a great part of the early career of a young student's life was wasted in a mere routine apprenticeship, to the neglect of classical, mathematical, and other general studies. Among the most vehement opponents of the apprenticeship system were the leading authorities of the Royal College of Surgeons of England, who did not fail in public and in private, and even from the Professorial chair of the College, to denounce the system as the most fatal obstacle to Medical progress. It might, therefore, have been imagined that the College would have hailed with pleasure and satisfaction the adoption of the enlightened views of the Medical Council, who, among their first proceedings, recommended that a preliminary examination should be made compulsory on all students before entering upon their Hospital studies. It will hardly be believed that the College of Surgeons, almost alone (the only exceptions being, we believe, one or two of the Scotch Universities), has refused to concur in the recommendation of the Council, and has actually sanctioned and defended the retrograde movement of reviving the old apprenticeship system, or something very similar to it. We may ourselves have something hereafter to say in favour of a limited pupilage to a practitioner as being a good preparation for a Medical career, but to oppose the salutary regulations of the Council in reference to preliminary education, is a step which cannot fail to undo what real and genuine Medical Reform has long been struggling to accomplish.

The President of the College of Surgeons of Edinburgh argues against this refractory conduct on the part of the College in England against the recommendations of the Council, in a tone of honest, manly, and indignant remonstrance. It must be recollected that the representative of the London College was himself present when the recommendation in relation to preliminary education was made, and it is well-known that two other warm supporters of the London College tactics defended the contumacy of their colleagues, and by a bare majority defied the censure of the Council.

THE PROGRESS OF SMALL-POX.

The late boast of the President of the Poor-law Board, that Small-pox is on the decline, is scarcely borne out by the course of events. The number of fatal cases, which was reported as sixty-one the week before last, has now risen to sixty-eight in the last week, and if for every fatal case, twelve other cases are admitted (and this is a very low estimate), there are somewhere about 800 cases of Small-pox occurring every week in the metropolis. We pointed out, some weeks since, the very objectionable proceedings of the St. Pancras Poor-law authorities in admitting Small-pox cases into the parish workhouse, and the plan has already borne the fruits that might have been anticipated; for we are told by the Medical Officer of Health for that parish, in an official report, that the disease "has spread to some extent among the inmates of the workhouse, about six persons having contracted it there, besides several persons who have come in during the period of incubation of the disease. There has also been an outbreak of the disease in the streets of Agar Town *immediately adjoining the special* (Small-pox), *wards*, upwards of twenty cases having occurred within a stones throw of those wards in a period of eight or ten days."

A letter of Mr. Cosmo Logie, of the Royal Horse Guards, on the subject of Small-pox, has lately appeared in the columns of the 'Times.' We at first regarded this epistle as a hoax, more especially as it appeared about the same time with an extraordinary story in the same Journal, of a toad found alive after being buried for some thousand years or more in a solid rock. But as our respectable contemporaries, the 'Lancet' and the 'Medical Times' have both reprinted a great part of the letter, we are compelled to look upon it as an authentic document, notwithstanding the false logic, and we may add the indifferent grammar by which it is marked. The chief point in it is the wonderful and almost miraculous property possessed by the water-pitcher plant (the sarracenia, not *saracinea*, purpurea), of "arresting the development of the variolous pustule, killing the virus from within, (?) thereby changing the character of the disease and doing away with the cause of pitting." The last expression Mr. Logie tells us is for the information of the "uninitiated."

Now we are by no means averse to the development of therapeutical knowledge and to the discovery of new medicines. We are fully aware that the sarracenia is said, upon somewhat doubtful authority, to have been successful in the treatment of Small-pox in America, but we cannot admit that Mr. Logie's opinion is of much value, considering that he has lately met with only eleven cases of Small-pox altogether, and the most of those probably in a mild form. We know, however, that the sarracenia has been employed in the Small-pox Hospital, under the careful supervision of Mr. Marson, who has latey communicated the results of his observations to the Epidemiological Society. It would surely be far better for Medical men to bring their experience before the notice of their professional brethren, than to rush into print in the non-Medical journals, and to expose their crude and undigested views to the contempt or credulity of the public.

SUMMARY OF THE WEEK.

THE PROFESSION AND THE LIFE ASSURANCE OFFICES.

One of our London Medical contemporaries writes an article complaining of the treatment received by Medical men at the hands of some of the Life Assurance Offices, arguing that the information afforded is always for the benefit of the latter, and therefore justly entitled to remuneration, and contrasting the treatment by the offices of lawyers as compared with members of our Profession. While agreeing in these sentiments, we cannot but remark that the Profession, if they feel themselves aggrieved, have the remedy in their own hands, by declining to afford gratuitous information, and by withholding any support or any communication with these offices, which act unjustly towards their Medical referees. But while admitting that these things might be mended in England, it is evident from a leading article in the last number received of the 'American Medical Times,' that matters are much worse on the other side of the Atlantic, for we are told that American physicians are willing to travel several miles at midday, in order to attend at Life Assurance Offices, and after making critical medical examinations, are content to receive the paltry fee of three, two, or even one dollar per head. The certificate, also, from the Medical attendant, which is necessary to enable a person to insure, is generally made out by the physician as a favour to his patient, without fee or reward from any quarter. In matters of Life Assurance, therefore, as well as in other respects, we may be thankful that we do not live in America.

ANOTHER UNACCOUNTABLE MURDER.

A great sensation has just been excited among the penny-a-liners and the lovers of the horrible, by the murder of a woman and her son in Southwark, by a respectable tradesman who is the husband of the woman and the father of the youth. No motive whatever has been assigned for the deed, and nothing approximating to madness has been observed (so say the reports) in the conduct of the murderer. After the perpetration of the homicidal acts, the man did not deny his guilt, but said it was all right, and that he had committed the murders with a razor. He has been committed for trial, and we shall be curious to see how law, which is said to be the perfection of reason, will deal with the case.

THE LATE CASE OF STONE *v.* STONE AND APPLETON.

In this case it will be recollected that the co-respondent was a Medical man, accused of seducing the respondent while under the influence of chloroform. A child was born seven months and a half after the return of the husband from India, and, although the general evidence was of a very suspicious character, and the Medical evidence was merely negative, the jury returned a verdict for the plaintiff, with 2,000*l.* damages. On an appeal to Sir Cresswell Cresswell, that learned judge refused to allow a new trial, but on an application to the same effect made to the full Court on Saturday last, their Lordships reserved their judgment, implying, we presume, that they have some doubts on the matter, in which doubts we fully concur.

ST. THOMAS'S AND BETHLEHEM HOSPITALS.

There appears to be very little chance of the transfer of the site of Bethlehem to the Governors of St. Thomas's Hospital. Which party is to blame in thus protracting the negotiations, to the manifest detriment of the suffering sick, it is very difficult to determine. The arguments in favour of removing the insane patients to a locality in the country, appear to us to be unanswerable; and the site of Bethlehem is obviously well suited for the erection of a general hospital. But there are probably interested motives in the background which retard the solution of the whole question, although these are carefully concealed under the guise of technical and specious objections. In the meantime, a public meeting was announced to take place, on Monday, of the parishes of Bermondsey and

its neighbourhood, to complain of the inconvenience occasioned to the sick and suffering poor from the long-continued indecision as to the future site of St. Thomas's Hospital. We do not precisely understand what object this meeting is intended to effect, more especially if it be true, as we are informed, that Guy's Hospital is at present by no means full, and could accommodate many more patients than it now contains.

REVIEW OF THE PERIODICALS.

(Continued from page 303.)

on the "Causes and Treatment of Closure and Immobility of the Jaws," an affection which has hitherto been but little studied by systematic writers. It is described, however, by Dr. Samuel Gross, of Philadelphia, and Professor Esmarch has devised an operation for its relief. A modification of this operation has been adopted by Mr. Heath, who relates some illustrative cases in the present article. The results of the treatment were successful, but Mr. Heath describes the operation as difficult and bloody, and the after-treatment as tedious and troublesome. Mr. W. J. Cox relates some cases of the "More Rare Diseases of Children," including the Salaam Convulsion, (an affection allied to epilepsy), trismus nascentium, spasm of the glottis (of which seventeen cases are related), cerebral irritation, or hydrencephaloid disease, and two cases of paralysis, one caused apparently by teething, and the other, which was fatal, being due to a tuberculous tumour in the brain. Dr. Robert Johns offers some practical observations on the "Injurious Effects of Chloroform Inhalation during Labour." Dr. Johns is a decided opponent to the administration of this agent in midwifery, as he is firmly convinced that when inhaled during labour it fruitfully predisposes to hæmorrhage, puerperal inflammation, chest affections, and other diseases detrimental to health and life. He also thinks that it lays the foundation of diseases to arise in future, and thus increases the mortality in childbed and its consequences; and he asserts that when its administration was fashionable a few years since, a great mortality resulted among the patients of some few practitioners who administered it. In the majority of those cases he says that puerperal fever was the cause of death. Dr. Johns quotes some alarming statistics from the reports of the Dublin Lying-in Hospital, showing the increased mortality among parturient women from the use of chloroform. He alleges that uterine action has been lessened, and even caused to cease, by anæsthetics, and he quotes many obstetrical authorities, among others, Drs. Robert Lee, Tyler Smith, and Merriman, in support of this statement. He then quotes a long array of more or less distinguished names, of those who attribute unfavourable results to the use of chloroform in labour. In short, Dr. Johns disapproves the use of this agent altogether in labour, or its complications, even such as turning, and retained placenta. Dr. Hildige writes on the "Employment of Iridectomy for the Cure of Certain Diseases of the Eye." He relates several cases in which he and others have performed the operation, of which he has formed a very favourable opinion, and he thinks that in some unsuccessful cases, the operation has not been performed soon enough. Mr. Samuel Gordon relates three cases of "Pleuritic Effusion," in two of which, paracentesis of the thorax was performed. The operation was successful in one instance. In the case which was not operated upon, the effusion into the thorax was complicated with tubercular pleurisy and pulmonary phthisis, and was fatal.

Anthropological Society of London.—This Society will meet on Tuesday, June 9, at half-past seven o'clock precisely, when the following paper will be read:—R. S. Charnock, Esq., F.S.A., on the "Science of Language."

GENERAL CORRESPONDENCE.

To the Editor of the Medical Circular.

Sir,—My attention has been called to Dr. Cotton's report of cases treated at the Brompton Hospital for Consumption by my Syrups of Hypophosphite of Soda and Lime. I consider that report so highly favourable to the use of the Hypophosphites, that I am persuaded many hospitals, dispensaries, and public charitable institutions will be induced to adopt them as the basis of their treatment of phthisis. To further as much as lies in my power and extend the use of these medicines, I beg to inform all those who are interested in the subject, through the medium of your journal, that I place gratuitously at the disposal of hospitals or other charitable institutions in England a supply of the Syrups of Hypophosphite of Soda and Lime and Pills of Hypophosphite of Quinine and of Maganese, to the extent of two hundred bottles.

Yours respectfully,
H. H. Swann.

Laboratory, 42 Rue Castiglione, Paris, May, 1862.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

Tuesday, May 5.

Mr. Prescott Hewett, President, in the Chair.

A Report, by Dr. Wilks, Dr. Murchison, Dr. Harley, and Dr. Bristowe, was read on

DR. DICKINSON'S SPECIMEN OF AMYLOID DISEASE.

Having examined Dr. Dickinson's case of "so-called" amyloid disease of the kidney and in the brain, we find that the diseased tissues of the kidney, although not coloured blue under the combined influence of iodine and sulphuric acid, assume, when submitted to these reagents, a deep dusky reddish tint, such as is commonly observed under similar conditions in tissues affected with the amyloid disease; but we find that the tumour from the brain acquires simply the ordinary yellow colour which iodine imparts to albuminous tissues. We are of opinion, therefore, that the deposit in the kidney is undoubtedly of the "co-called" amyloid character; but we do not find any evidence from the reaction that the cerebral tumour belongs to the same class. We should add that the specimens had been kept some time in spirit, and that hence, possibly, their readiness to respond to the usual tests had become impaired.

A Report, by Dr. Peacock and Dr. Bristowe, was read on

DR. MARKHAM'S SPECIMEN OF CYST OF THE MITRAL VALVE.

In Dr. Markham's case of mitral-valve disease we recognised:—1. Great thickening of a considerable portion of the mitral valve itself, dependent on the presence of a tough, somewhat glistening fibroid deposit. 2. Continuous with the upper part of this, a quantity of dense but somewhat friable and slightly reddish coloured material; and, 3, in the lower part of this latter material a small horizontal cavity with a linear vertical section, the margins of which had a pale yellowish tint, and were somewhat pulpy. Under the microscope, the fibroid substance first mentioned was found to consist of a coarse fibroid material, which was readily swelled up and rendered transparent under the influence of acetic acid, and which then displayed in the interstices between the fibres a moderate number of elongated, but somewhat indistinct, nuclear bodies. The substance appeared to be as nearly as possible identical with that of fibroid deposits commonly found within, and on the surface of other organs. The more friable material presented in some places a delicate but irregular fibrillated texture, closely resembling that of coagulated blood; in others, an indistinct gelatinous-looking network, such as is often observed in old clots, or in some forms of inflammatory exudation. It was studded irregularly, but nowhere thickly, with minute granules and oil-globules. Acetic acid acted on it readily, but brought no traces of nuclei into view. The microscopic structure of this material was quite compatible with its origin in mere coagulation of blood. The margins of the small cavity, and the pulp scraped from its inner surface, consisted apparently of exactly the same elements as the material just described. But the tissues were more broken down, and were intermixed with a great abundance of granular matter and of oil-globules of all sizes. The opinion at which we have arrived is, that the disease consisted originally of some fibroid degeneration or change in the mitral valve itself; that subsequently, from some cause or other (possibly, in the first instance, roughness of surface produced by disintegration), the fibrin of the blood deposited itself on the upper aspect of the diseased portion of the valve, and slowly accumulated there; and that the small cavity, like cavities so often found in old clots in various situations, was simply the result of the degeneration and breaking down of a small portion of the coagulum in which it was found.

Mr. Gay brought forward a child who had

SEVERE HYPOSPADIAS.

The penis was imperfectly developed. The urethra opened at the base of the penis. The scrotum was partially cleft, and one testis only had descended. In this, as in the other cases shown by Mr. Gay, there was no defect of development elsewhere.

Mr. Buxton Shillitoe then showed a specimen of

HYDATID FROM THE TONGUE.

The patient had had several small tumours, which extended through the whole thickness of the tongue. They were hard, but elastic.

Dr. Bristowe thought the specimen was a cysticercus, and not hydatid.

Mr. Hilton had removed three such tumours from the tongue. They were cysticerci, and not hydatid.

Mr. Wilks was requested to report on the specimen.

Dr. Bristowe then showed a specimen of

TUMOUR OF THE KIDNEY.

It was like the specimen exhibited by Dr. Dickinson at a previous meeting. It was taken from a man who was killed by an accident. All the organs were healthy except one kidney. The tumour consisted of fibrous tissue mixed with fat.

Dr. Wilks thought that such tumours were not so uncommon as was supposed; they were often called cancer. The so-called cancer of the lung often turned out to be recurrent fibroid. He believed that recurrent fibroid was just as commonly met with in internal organs as in external tumours.

Dr. Fuller then showed the

KIDNEYS OF A PATIENT WHO HAD NOT PASSED URINE FOR THIRTEEN DAYS, AND WHO HAD NO SYMPTOMS OF URÆMIA.

A healthy-looking man came to St. George's Hospital, saying that for four days he had not passed any urine. He had always had good health, except that two years before he had passed some blood in his urine after a squeeze. When he was admitted into the Hospital, except that he had slight pain in his back, and had not passed urine for four days, he felt quite well. His pulse was quiet and his tongue was clean. A catheter was introduced, but the bladder was empty. For the first three days he was in the Hospital he passed no urine, and then passed about two ounces, pale, and of low specific gravity. He had afterwards pain in the loins, and passed four ounces of urine. He died suddenly on the thirteenth day, whilst sitting up in bed and talking. It was found after death that each ureter was occluded by a calculus.

Dr. Murchison showed

A PIECE OF SKIN AFFECTED WITH TYPHUS RASH AND MOLLUSCUM.

The skin was cut from the body soon after death and immersed in spirit, and showed clearly that the rash of typhus was permanent after death. The molluscum, which had affected more or less every part of the body, was in every degree of size, from a distented sebaceous follicle to a tumour the size of a hazel nut.

Dr. Murchison also showed a specimen of

OBSTRUCTION OF THE FEMORAL VEIN.

A patient, 60 or 70 years of age, was sent to the Fever Hospital for typhus. He had no very definite symptoms, and was probably convalescing. At first he went on well, when on February 13 the right leg became very mnch swollen, being tense and brawny from the feet up to the groin, and was red on the surface. This came on in one night. Then a tumour was discovered in the right side of the abdomen, about four inches above the pubes. It was very tense and fluctuating, and its upper margin was convex and easily defined. This tumour was punctured by a trocar, and about two pints of clear urine was drawn off. The leg diminished in size, but the patient gradually sank exhausted. At the autopsy it was found that there was a large sacculus on the right side of the bladder, and this had pressed on the veins, and thus obstructed the return of the venous blood. There was a very slight stricture of the urethra.

The President said that he had known a case in which a sacculus of the bladder, with a stone in it, was found in a hernial sac. In another case, in which a patient had had a tumour in the right iliac fossa, which was supposed to be disease of the cæcum, the tumour was found to be due to a calculus in the pelvis of the right kidney. The kidney was dragged down by the calculus.

A meeting of the Fellows of the College of Surgeons will be held in Lincoln's-Inn-Fields, on Thursday the 2nd. day of July next, at two o'clock in the afternoon precisely, for the election of three Fellows into the Council of the College, in the room of Mr. Cæsar Henry Hawkins and Mr. Thomas Tatum, going out in rotation, and of Mr. William Coulson, resigned. We understand that Wm. McWhinnie, who was lately Assistant-Surgeon to St. Bartholomew's Hospital, aud whose merits are highly appreciated by a large circle of professional friends, will present himself as a candidate for one of the vacancies.

GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

MINUTES OF MEETING, Monday, May 25, 1863.

Royal College of Physicians, London.

Mr. Green, President, took the chair at two o'clock.

Present—Dr. Burrows, Mr. Arnott, Mr. Cooper, Dr. Acland, Dr. Bond, Dr. Embleton, Dr. Storrar, Dr. Alexander Wood, Dr Andrew Wood, Mr. Syme, Dr. Thomson, Dr. A. Smith, Mr. Hargrave, Dr. Leet, Dr. Apjohn Dr. Corrigan, Sir Charles Hastings, Dr. Sharpey, Mr. Teale, Dr. Christison, Dr. Stokes.

Dr. Francis Hawkins, Registrar

Mr. Watt, in consequence of long-continued indisposition, has resigned his position as a member of the Council for the Faculty of Physicians and Surgeons of Glasgow. Dr. John Gibson Fleming, having been elected in his stead, was introduced to the Council by Dr. Thomson.

The following committees were reappointed,—namely, the "Business;" the "Finance;" the Committee appointed "to consider Special Claims for Registration;" the Committee on "Amendments of the Medical Acts;" the Committee appointed "to revise the Standing Orders of the Council;" and the Committee appointed in 1862 "to consider and report upon the Returns of the Number and Names of Candidates who have passed their respective Final Examinations, and the Number of those who have been rejected, which have been received in compliance with the 23rd recommendation of the Medical Council, and also the returns received in compliance with 16th recommendation.

Moved by Dr. Andrew Wood, and seconded by Dr. Alex. Wood,—"That reporters be admitted to the meetings of the General Medical Council."

First amendment.—Moved by Dr. Thomson, and seconded by Dr. Stokes,—"That a committee be appointed to draw up and lay before the Council for its consideration, a plan for the publication of such an authorised report of the proceedings of the Council as may appear desirable.'

Second amendment.—Moved by Sir Charles Hastings, and seconded by Mr. Syme,—"That in all cases in which the General Council have to exercise their functions as a Court of Judicature, relative to the admission of persons on, or rejection of them from, the Register, reporters from the press be admitted."

Question put to the vote,—"That the original motion be amended."—Negatived.

Dr. Andrew Wood required that the names of the majority and minority should be entered on the minutes.

Majority.—The President, Mr. Arnott, Mr. Cooper. Dr. Alexander Wood, Dr. Andrew Wood, Dr. Fleming, Mr. Syme, Mr. Hargrave, Dr. Leet, Dr. Apjohn, Dr. Corrigan, Mr. Teale.

Minority.—Dr. Burrows, Dr. Acland, Dr. Bond, Dr. Embleton, Dr. Storrar, Dr. Thomson, Dr. A. Smith, Sir Charles Hastings, Dr. Sharpey, Dr. Christison, Dr. Stokes.

The original motion, "That reporters for the press be admitted to the meetings of the General Council," was then put, and negatived.

Dr. Andrew Wood required that the names of the majority and minority should be entered on the minutes.

Majority.—The President, Dr. Burrows, Mr. Arnott, Dr. Acland, Dr. Bond, Dr. Embleton, Dr. Storrar, Dr. Thomson, Dr. A. Smith, Dr. Sharpey, Mr. Teale, Dr. Christison.

Minority.—Mr. Cooper, Dr. Alexander Wood, Dr. Andrew Wood, Dr. Fleming, Mr. Syme, Mr. Hargrave, Dr. Leet, Dr. Apjohn, Dr. Corrigan, Sir Charles Hastings, Dr. Stokes.

Read, the following letter from the Home Office:—

"Whitehall 19th May, 1863.

"Sir,—With reference to your letter of the 6th inst., I am directed by Secretary Sir George Grey to inform you that the Lords Commissioners of the Treasury approve of the distribution of two thousand copies of the Medical Register, published by the Council of Medical Education and Registration, to certain public offices, at a cost not exceeding 300*l.* per annum.

"I am, Sir, your obedient servant,

"Joseph Henry Green, Esq., &c." "H. Waddington.

A committee was appointed to consider the publication and distribution of the Register.

A committee was appointed to consider and report on the applications from foreign or colonial colleges and universities for the recognition of their degrees of examinations.

The memorial of the Manchester Medico-Ethical Association, respecting amendment of the Medical Acts was referred to the Medical Acts Amendment Committee.

The President was requested to propose to the Council, during its present session, a design for the common seal.

MINUTES OF MEETING, TUESDAY, MAY 26.

Mr. Green, President, took the chair at two o'clock.

The Solicitor, Mr. Ouvry, stated the case of John Lacey (referred to the General Council by the Branch Council for England,) who has applied to be registered as a Licentiate of the Society of Apothecaries of London.

1. Moved by Sir Charles Hastings, seconded by Dr. Burrows, and carried,—"It appearing to the Council that John Lacey has obtained the licence of the Society of Apothecaries, London, on statements similar to those on which he was originally registered, and in respect of which his name was erased from the Register, on the ground that the entry had been fraudulently or incorrectly made, the Council decline to register the said John Lacey, on a qualification thus obtained; but, inasmuch as the said John Lacey has not been heard, the question is remitted to the Branch Council for England, with power to re-consider and decide the same, after hearing the said John Lacey, if he shall desire to be heard."

2. Moved and carried,—"That a copy of the above resolution be forwarded to the Society of Apothecaries of London."

An application made by Mr. Richard Organ to the Society of Apothecaries to be examined for their licence, having been referred by that body to the General Council.

3. Moved by D. Alexander Wood, seconded by Mr. Teale, and agreed to,—"That the Court of Apothecaries be informed that the name of Richard Organ was erased from the Medical Register on the ground that he had endeavoured to procure a licence from Edinburgh by personation. The Council therefore recommend that the Society of Apothecaries should not admit Mr. Organ to be examined."

Read, a petition from Mr. John Kearney, of Clonmany, county Derry, for the reinsertion in the Register of his name, and of his qualification from the Faculty of the Physicians and Surgeons of Glasgow, which had been erased in 1861, by order of the General Council, under the 29th section of the Medical Act.

4. Moved by Dr. A. Smith, seconded by Dr. A. Thomson, and agreed to,—"That the Council cannot comply with the prayer of Mr. Kearney's petition."

Read, an application from Mr. John Potter Sargeant, for the restoration to the Register of his name, which had been omitted from it, under the 14th section of the Medical Act.

5. Moved by Sir Charles Hastings, seconded by Mr. Lawrence, and agreed to,—"That the Council, having considered the application of Mr. John Potter Sargeant, to have his name restored the Medical Register, decline to accede to it, unless Mr. Sargeant shall furnish to the Executive Committee satisfactory evidence of character. That the Council delegate to the Executive Committee the duty of inquiring into and deciding on the case, having regard to the requirement of the Council."

Read, the following letter from the Royal College of Surgeons of England:—

"Royal College of Surgeons of England, London,
8th day of May, 1863.

"Sir,—I am desired to acquaint you that the Council of this College have removed Mr. Robert Jacob Jordan, of George street, Hanover square, from being a member of this College.

"I am, Sir, your obedient servant,
"EDMUND BELFOUR, Secretary.

"Dr. Francis Hawkins, Registrar,
General Medical Council."

6. Moved by Mr. Arnott, seconded by Mr. Lawrence, and agreed to,—"That the Registrar be directed to erase from the Register the qualification of Mr. Robert Jacob Jordan, as a Member of the Royal College of Surgeons of England."

The Council then took up the case of Samuel La'Mert referred to them by the Branch Council for England on the 17th April, 1863.

Mr. Ouvry read a petition and a statement with the evidence in support of it, from the Royal College of Physicians of Edinburgh, praying that the name of Samuel La'Mert, a registered Medical Practitioner, be removed from the Register.

Mr. Ouvry read, also, the notice served personally on Samuel La'Mert, summoning him to attend the Council.

Mr. Ouvry read, also, a written statement submitted by Samuel La'Mert in answer to the statement.

7. Moved by Dr. Alexander Wood, seconded by Dr. Acland, and agreed to—"That it has been proved to the satisfaction of the Council, that Samuel La'Mert, a registered Medical Practitioner, has been guilty of infamous conduct in a professional respect: 1st. In publishing, or causing to be published, an indecent and unprofessional treatise entitled: 'Self Preservation: a Popular Treatise on the Cure of Nervous and Physical Debility, Spermatorrhœa, Impotence, and Sterility, resulting from the Secret Habits of Youth, the Excesses of Mature Age, and the Debilitating Effects of Tropical Climates.' 2nd. In having falsely pretended, both on the title page of the said treatise and by advertisements in the public newspapers, that his son, Lima Abraham La'Mert, a Licentiate of the Royal College of Physicians of Edinburgh, was a joint author and publisher of the said treatise. That the name of the said Samuel La'Mert be erased from the Medical Register, and the Council hereby direct the Registrar to erase the same accordingly."

8. Moved by Dr. Storrar, seconded by Dr. Sharpey, and agreed to:—"That it be referred to a committee to consider and report whether any and what steps should be taken by the Council, in relation to the retirement and election of its members, in view of the expiration of the term of five years from its constitution."

Dr. Christian read a report from Dr. Garrod, the Secretary of the Pharmacopœia Committee.

9. Moved by Dr. Sharpey, seconded by Dr. Storrar, and agreed to—"That the Report of the Pharmacopœia Committee be received and printed in the Minutes."

Report of the British Pharmacopœia Committee.

May 25th, 1863.

The Pharmacopœia Committee begs to submit the following report of the progress made towards the publication of the "British Pharmacopœia," since the meeting of the General Medical Council in May, 1862.

It will be remembered that, at the above meeting, the manuscript of the "British Pharmacopœia" was laid before the Council almost complete, and was then approved of by that body; but it was found that the printing of the work could not at once be proceeded with, from the fact that the council did not at that time possess the necessary qualification for holding a copyright; and, moreover, from the wording of the Medical Act of 1858 not giving the legal power of superseding, by the foregoing Pharmacopœia, the existing Pharmacopœias of the London, Edinburgh, and Dublin Colleges of Physicians, the General Council deputed to its Executive Committee the task of endeavouring to obtain a Supplementary Act granting the necessary powers, which was accomplished at the end of the last parliamentary session.

Shortly before this period, when it became publicly known that the Pharmacopœia Committee had, in the manuscript of the "British Pharmacopœia," made a considerable alteration in the weights to be employed in pharmacy, and, among other changes, that the troy grain was proposed to be discarded, and a new grain substituted for it—a grain which would bear the same relation to the avoirdupois ounce as the troy grain does to the apothecaries' or troy ounce, many objections were raised and remonstrances made to the Executive Committee—amongst others, one by the Royal College of Physicians of London, protesting strongly against such a change of weights; and it was thought advisable by the Executive Committee that a special meeting of the Medical Council should be summoned, that the matter might be definitely and satisfactorily dealt with. This meeting was held in October last.

After this, the Pharmacopœia Committee made the alterations in the manuscript rendered necessary by the changes in the weights. The Executive Committee at once commenced arrangements for the printing of the work; making contracts with the printers previously selected by the Pharmacopœia Committee, and approving the specimen pages of typography fixed on by the same Committee at its conference at Edinburgh. The three editors, one chosen by each Branch Pharmacopœia Committee, also commenced their task. But some little delay occurred at the outset, from the discovery that the approved specimen pages, although well adapted for portions of the work, were not in all respects suited for the whole; and, with the consent of the Executive Committee, certain alterations were made in the typography of the first part of the Pharmacopœia. Since this time the printing of the volume has steadily progressed, and the Committee has now the satisfaction of laying before the Council proof sheets of the whole Pharmacopœia, with the exception of the Preface and Appendix. The manuscript of the former is complete, while the latter only awaits the corrections in the body of the work before being put into type, which could be readily accomplished in a few days.

As this may be the last report which the Pharmacopœia Committee will have to make, it may be advisable to point out to the Medical Council the amount of time and labour which has been devoted to the accomplishment of the work.

The Pharmacopœia Committee naturally separated into three Branch Committees—one in London, a second in Edinburgh, and a third in Dublin; and each commenced its sittings in December, 1858. From that period to the present, the number of sittings and attendances of each branch has been as follows:—The London Committee has held 158 meetings, and the number of attendances of its members has been 567; the Edinburgh Committee has held 108 meetings, and the number of attendances has been 657; the Dublin Committee has held 141 meetings, and the number of attendances has been 627; making a total of 407 meetings, and 1,851 attendances. These numbers are exclusive of the two conferences of delegates, held in London and Edinburgh.

The Financial Statement of the Pharmacopœia Committee, since

the accounts were audited in May, 1862, is contained in the following table :—

Financial Report of the Pharmacopœia Committee.

To Balance in hand on audit of accounts, May 19, 1662	£128	13	9
To Amount voted by the General Medical Council, May 21, 1862.	600	0	0
	£728	13	9
London delegates at Edinburgh	£195	6	0
Dublin delegates at Edinburgh	192	3	0
Edinburgh delegates at Edinburgh	110	5	0
Mr. Warrington, Chemist to London and Edinburgh Committees	105	0	0
Edinburgh Secretary	0	13	4
Dublin Secretary	2	0	7
London Secretary and General Secretary	2	15	0
Mr. Glover, for attendance on Pharmacopœia Committee at Soho-square	10	10	0
	£618	12	11

Leaving a Balance of £110 0s. 10d. in the hands of the General Secretary.

The number of meetings and attendances given in the present report may probably appear very large ; but it must be remembered that in accomplishing the task of publishing a National Pharmacopœia, the Medical Council will have accomplished what has long been looked upon as a great desideratum, but which has hitherto frustrated the efforts of the three Colleges of Physicians of the United Kingdom ; and in order to effect this, it was necessary to have a committee composed of several members of Council from each division of the kingdom, and also to associate with them gentlemen from different learned bodies, especially conversant with the subjects.

As but little is now required before going to press, besides the correction of the proofs and the completion of the Appendix, the Pharmacopœia Committee can confidently predict that the National Pharmacopœia will be published not later than October next.

A. B. Garrod, M.D., F.R.S.,
Secretary to the Pharmacopœia Committee.

MINUTES OF MEETING, Wednesday, May 27, 1863.

Royal College of Physicians, London.

Mr. Green, President, took the Chair at Two, p.m.

1. Moved by Dr. Bond, seconded by Dr. Stokes, and agreed to :—" That a Committee be appointed, to take into consideration, and to report (during the present Meeting) what further steps it is desirable for the General Council to take in reference to the British Pharmacopœia :—The Committee to consist of Dr. Christison, Chairman, Dr. Apjohn, Dr. Sharpey, Dr. Stokes, Dr. Burrows, Dr. Acland, Dr. A. Smith, Mr. Arnott, Dr. Storrar."

The Registers of Students for 1862-63, with explanatory letters, were submitted to the Council.

2. Moved by Dr. Andrew Wood, seconded by Mr. Teale, and agreed to :—" That the Registers of Students, with explanatory letters, be referred to the Committee on returns."

Read, the following letter from the Royal College of Surgeons of England :—

" Royal College of Surgeons of England, 4th May, 1863.

" Sir,—I am desired to acquaint you, for the information of the General Council of Medical Education and Registration, that the Council of this College, on the 13th of June last, appointed a Committee to consider—'Whether any, and if so, what alterations it would be proper to make in the Regulations of this Council relating to the Education and Examination of Candidates for the Diploma of Member of the College, so as to bring them more in accordance with the recommendations of the General Medical Council in reference to General and Professional Education.' "

" That this Committee addressed letters to the Fellows and Members of the College holding appointments in the Hospitals, Infirmaries, and other Charitable Institutions of England and Wales, and to those engaged in large general practice, in order to ascertain what opportunities are available throughout the country for practical instruction in Medicine and Surgery, and what is their opinion on the best mode of commencing Professional Education. The whole subject of the College Regulations was examined carefully at repeated meetings of the Committee and of the Council. As the circumstances of those who intend to adopt the Medical Profession, and the opportunities of instruction within their reach, are extremely various, the Council are of opinion that the course of education cannot be subjected to any absolute and inflexible rule without great disadvantage, and even much unnecessary hardship in particular cases.

" In the opinion of the Council, the leading principle in the education of those whose life will be devoted to the treatment of accidents and diseases should be to make it as practical as possible, especially at its outset. The minor duties of Surgery, especially in the Manipulative department, and the usual course of injuries, diseases, and their treatment, can be understood in great measure without previous theoretic training ; they are matters of great interest in themselves, calculated to excite and keep up the attention of the student, and to make him feel the advantage, or rather the necessity, of that clearer insight which is to be derived subsequently from scientific teaching in the Schools. He thus becomes acquainted with those ordinary duties of his profession with which he will be principally occupied from the very commencement of his active career, although in plain truth they cannot be learned in a great school. The Council would think favourably of the arrangement, if the early portion of the Medical Education could be carried on at home, under the influence of domestic life and associations, or in the house of a competent master, so that the danger of sending an inexperienced youth into the world without guidance, and especially into a great Metropolitan Medical School, should be reduced to the smallest possible amount.

" The Council, therefore, are of opinion that an option should be left to parents and guardians as to the time and manner in which that portion of study not spent in Medical Schools should be employed, and accordingly propose to continue their regulations on the subject.

" They have at the same time introduced modifications into their Rules, calculated to provide against irregularities and abuses, and to ensure the continued and efficient prosecution of the studies now required.

" Copies of the Regulations, as thus amended, are herewith enclosed. I am, &c. Edward Belfour, Secretary.

3. Moved by Dr. Storrar, seconded by Mr. Hargreave, and agreed to :—" That the letter of the Royal College of Surgeons of England now read, be received, printed in the minutes, and referred to the Education Committee."

Read the following letter from the President of the Royal College of Surgeons of Edinburgh :

" To the President of the General Medical Council.

" The Royal College of Surgeons, Edinburgh, 19th May, 1863.

" Sir,—I am directed by the Royal College of Surgeons of Edinburgh, over which I have the honour to preside, to bring under the notice of the General Medical Council at its ensuing Meeting, the position in which the College has been placed by the proceedings of the General Medical Council.

" The College adopted the whole of the recommendations issued yearly by the General Medical Council. It did so in the trust that other Licensing Bodies would likewise do so, and in the faith that, if they did not, the General Medical Council would not fail to endeavour to compel them to do so. I refer more especially to two of the most important of the recommendations issued by the General Council. 1. That after September, 1861, the preliminary examination in general education be passed previous to the commencement of professional study. 2. That the commencement of professional study be understood to be the time of commencing study at a Medical School.

" After due notice given to intending students of the approaching changes, this College acted on these recommendations, and accordingly, no student beginning after September 1861, was allowed by the College to register as a student of Medicine during Session 1861-2, who had not passed the whole of the preliminary examination in general education. In this course the College had the co-operation of the Royal College of Physicians of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow, by both of which bodies the same regulation was announced and carried out. This recommendation, however, was not adopted or carried out by other bodies conferring qualifications in Scotland (I refer to the Scottish Universities), the regulations of which require the preliminary examination in general education to be passed before the commencement of professional study only 'as far as possible.' Again, the recommendation defining the commencement of professional study to be by attendance at a Medical School, has not been adopted by the Royal College of Surgeons of England, which recognises attendance at an Hospital or Dispensary, or pupilage with a Surgeon, as modes of commencing professional study equally with attendance at a Medical School ; and the fact of that College having issued such regulations contrary and subsequent to the recommendations of the General Medical Council, was prominently brought before the Council at its Meeting in May, 1862.

" The General Medical Council, however, took no steps to enforce the adoption of its recommendations by the bodies whose regulations were not in accordance with them, and even refused to pass a vote of disapproval of the course pursued by a body which had issued regulations contrary to the recommendations of the General Council. By this course of procedure on the part of the General Medical Council, this College was placed in a very difficult position, and has reason to complain of having been led on by the Council to adopt regulations, in the endeavour to carry out which it has been deserted by the Council itself.

"I need hardly say that it is in vain for one licensing body to endeavour to carry out a regulation requiring the examination in general education to be passed before the commencement of professional study, if the doors of other bodies are open without such a condition; or for one College of Surgeons to define the commencement of professional study to be only attendance at a Medical School, so long as another recognises apprenticeship as one of the modes of constituting such commencement. In consequence, therefore, of the failure of the Medical Council to support the College in its endeavour to carry out the recommendations of the Council, the College has been compelled to suspend the operation of the regulations in question. This the College has done by attaching to Section 1, Chapter III., to Section 2, Chapter IV., and to Section 3, Chapter V., of its printed Regulations, issued in August, 1862 (a copy of which is herewith transmitted), a foot-note, intimating that, 'In consequence of the proceedings of the General 'Medical Council in May, 1862, this regulation will not take effect 'until further notice.' This course was adopted by the College after a conference with the Royal College of Physicians of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow, held to consider the position in which the Colleges and Faculty were placed by the above-mentioned proceedings of the General Medical Council.

"In regard to requiring the examination in General Education to be passed before commencing attendance at a Medical School, the College, without expressing any opinion upon the merits of the question, is ready to enforce such a regulation, in the event of all the Colleges, Universities, and other Licensing Bodies engaging to do the same, from and after a certain date, and in such a manner as shall leave no room for doubt.

"In regard to Professional Study, the College has avoided ambiguity, by simply fixing the number of Sessions of attendance at a regularly constituted Medical School, as not less than Four Winter Sessions, or the alternative of Three Winter and Two Summer Sessions; and I have to suggest to you, that by adopting a similar formula, the General Medical Council would avoid the difficulty which—as experience has shown—arises from the use of a phrase so ambiguous, and so liable to evasion, as that of 'professional study.'

"I may be permitted to add that the proceedings of the Medical Council above referred to, have occasioned not only embarrassment to the College, but disappointment of the hopes entertained in the College of an improvement in Medical Education through the influence of the Medical Council. Unless the Council will confine its recommendations (as distinguished from the mere expression of what it considers desirable) to what it is able to enforce, and will show its intention to enforce them without fail or delay, on any of the Bodies which shall have failed to adopt them at the specified time, it is obvious that the influence of the Medical Council for good to the Profession must be seriously impaired. I remain, Sir, your obedient Servant,

"P. Newbigging, President."

4. Moved by Dr. Storrar, seconded by Dr. Sharpey, and agreed to:—"That the Letter of the President of the Royal College of Surgeons of Edinburgh now read be received, printed on the minutes, and referred to the Education Committee."

Read, a Letter addressed to Dr. Burrows, by the Registrar of the Royal College of Physicians of London:—"Royal College of Physicians, London, S.W., May 23rd, 1863. Dear Sir,—I am directed to state, for the information of the Medical Council, that this College has passed a Bye-Law (March, 1863), providing for the appointment of an additional Examiner in Surgery. After June, therefore, the Examinations on the subjects of Professional Education will be conducted by Two Examiners in Anatomy and Physiology; Two Examiners in Chemistry, Materia Medica, and Practical Pharmacy; Two Examiners in the Principles and Practice of Medicine; Two Examiners in the Principles and Practice of Surgery; Two Examiners in Midwifery and the Diseases peculiar to Women.

"I am also further directed to inform you that the College has passed the following regulations:—'That the University of Athens be added to the other Universities already qualifying Candidates for admission to the Examination of this College.

'That the Testamur of having passed the Examination in Arts at Codrington College, Barbadoes, be accepted in lieu of the Examination on the subjects of General Education, conducted by the Examiners of this College.

'That the Certificate of the second class in Literature and Science of the Cape of Good Hope should be accepted in lieu of the Examination conducted in the College before the admission of students to Professional Studies.' I am, &c.,

"Henry A. Pitman, Registrar.

"George Burrows, M.D., &c.,
"Representative of the College in the General Council of Medical Education and Registration."

4. Moved by Dr. Andrew Wood; seconded by Mr. Hargrave; and agreed to:—"That the Letter from the Registrar of the Royal College of Physicians of London to Dr. Burrows be received, printed on the Minutes, and referred to the Education Committee."

Read, the following Letter from the Director-General of the Army Medical Department:—

Army Medical Department,
14th March, 1863.

"Sir,—I have the honour to forward the enclosed correspondence from the College of Surgeons of Ireland, by which it will be seen 'that the Council of this College has granted diplomas to its Fellows and Licentiates, testifying that they are qualified to practise Medicine as well as Surgery,' and to inform you that, having submitted the same to the Right Honourable the Secretary of State for War, together with your reply to my letter of the 12th ult., stating that you have no authority to answer the question as to whether the holder of the Licence of the Royal College of Surgeons in Ireland, registered as such, is qualified to practise Medicine as well as Surgery, I have been directed by Sir George Lewis to refer this question to the General Council of Medical Education, and have therefore to request you will be pleased to submit the same to the next meeting of the General Council, and to favour me with their reply. I am, &c.,

"J. B. Gibson, Director-General.

"The Registrar, General Council of Medical
"Education, 32 Soho square, W."

5. Moved by Mr. Hargrave, and seconded by Mr. Syme:—That the Licentiates of the Royal College of Surgeons in Ireland, registered as such, are qualified to practise both Medicine and Surgery, in accordance with the powers of the Medical Act."

The debate on this motion was adjourned.

Confirmed—Joseph Henry Green.

MINUTES OF MEETING, Thursday, May 28, 1863.

Royal College of Physicians, London.

Mr. Green, President, took the chair, at two o'clock p.m.

The adjourned debate was resumed on Mr. Hargrave's motion.

Moved by Dr. Corrigan; and seconded by Dr. Smith:—"That the Registrar be directed to forward the following reply, with the documents referred to, to the Director General of the Army Medical Department:

"Sir,—I am directed by the General Council of Medical Education and Registration, in reply to the inquiry in your letter of 14th March, 1863, 'whether Licentiates of the Royal College of Surgeons registered as such are qualified to practise Medicine as well as Surgery;' to inform you that a similar question has been already before the General Council, having been submitted to them by the Poor-law Board of England, in a communication of August 5, 1859, and the reply of the General Medical Council will be found in the Minutes of the Meeting of General Council of August 10, 1859; a copy of which is herewith sent.

"The General Council, in explaining in that Minute the nature of the Qualifications or Licences legally granted by the several licensing bodies, enumerated the Royal College of Surgeons in Ireland among the bodies authorised to grant only a Licence or Diploma in Surgery.

"The Royal College of Surgeons of Ireland raised the question again before the Poor-law Board of Ireland, in October, 1862.

"The Poor-law Commissioners of Ireland referred the matter to the Law Officers of the Crown, the Attorney General and Solicitor General for Ireland.

"The following is their opinion:—'After perusing and considering the Charters of the College of Surgeons, we are of opinion that it has not the power, and is not competent to grant a Diploma or Degree in Medicine.'

"A copy of the opinion is herewith sent. The correspondence at length between the Poor-law Commissioners of Ireland and the Royal College of Surgeons of Ireland will be found in the Annual Report (16th) of the Poor-law Commissions for Ireland, dated March 21, 1863.

"If the opinion of the Law Officers of the Crown in Ireland be correct, the Royal College of Surgeons of Ireland has not power, and is not competent to grant a Diploma or Degree in Medicine."

Amendment moved by Dr. Storrar; and seconded by Dr. Sharpey:—"That the Director General of the Army Medical Department be respectfully informed, that the question whether the Licentiates of the Royal College of Surgeons of Ireland are qualified to practise both Medicine and Surgery, is one of legal interpretation, on which the Council declines to pronounce an opinion.

The amendment was put and negatived.

The original motion was then put and carried.

Dr. Andrew Wood required that the majority and minority on the original motion be entered on the Minutes.

Majority.—Dr. Burrows, Dr. Bond, Dr. Embleton, Dr. Alexander Wood, Dr. Andrew Wood, Dr. A. Smith, Dr. Apjohn, Dr. Corrigan, Sir Charles Hastings, Mr. Teale, Dr. Stokes.

Minority.—Dr. Acland, Dr. Storrar, Dr. Thomson, Mr. Hargrave, Dr. Sharpey.

3. Moved by Dr. Corrigan; seconded by Dr. A. Smith, and agreed to:—"That the Report of the Committee of the King and Queen's College of Physicians in Ireland, on the recommendation of the General Council relative to Preliminary and Professional education, be printed in the Minutes."

[We are compelled to omit this report in consequence of its great length.—ED. MED. CIRCULAR.]

Read, the following Memorial from the Company of the Apothecaries' Hall of Dublin.

To the General Council of Medical Education and Registration of the United Kingdom.

The MEMORIAL of the Company of the Apothecaries' Hall of Dublin,

SHEWETH,

That by Royal Warrant for the regulation of Medical Officers of the Army, bearing date the 1st of October, 1858, and issued subsequently to the passing of "The Medical Act," it is required that every Candidate for the Army Medical Service, before being allowed to present himself at the Competitors' Examination, should, in addition to a Diploma in Surgery, "produce a Qualification in Medicine, or a Licence to practise it from one of the "Colleges or Bodies legally authorized to grant a Certificate to that "effect, or that qualifies a Civilian to practise Medicine" in Great Britain or Ireland.

That the late Director General of the Army Medical Department, and the late Secretary of State for War, signified their intention to recognize the Licence of the Company of The Apothecaries Hall of Dublin, as being one of the Bodies enumerated in Schedule (A) of the Medical Act, as "a Certificate that qualifies a Civilian to practise Medicine" referred to in the Warrant.

That the Medical Council, by raising doubts as to sufficiency of the Qualification granted by the Company, have prevented this recognition taking effect, and have thereby entailed obloquy and injury upon the Company and their Licentiates.

That the Company have left no means untried to satisfy the Council of the power of the Company to grant a Licence, such as entitles its holder to practise Medicine, as well as of their Licentiates being both "de facto and de jure" Medical Practitioners; and in evidence thereof the Company have laid before the Council legal opinions by the highest authorities both in England and Ireland: to wit, The Right Honourable Joseph Napier, late Attorney General of Ireland, who states: "That on a full "consideration of the Statutes and Authorities (English and "Irish) I am of opinion that the legal rights and privileges of "the Irish Apothecary are not inferior to those of the English. "That in the course of a considerable experience I have never "known these rights or privileges doubted, or made a question in "Courts: several proceedings have taken place in later years to "put down ignorant and unskilful persons who practised *though* "*unlicensed*, but the general rights of the Licenced Apothecary "have not been, nor, as I conceive, could they have been properly "questioned." And the Right Honourable Sir Richard Bethel, late Attorney General of England, who, with the Irish Apothecaries' Act, the Medical Act, the Royal Warrant, and the objections of the Medical Council before him, states: "I have not the "least doubt, therefore, of the Company of Apothecaries in "Ireland being a Body legally qualified and empowered to grant "Licences to *practise Medicine*, or of its Licentiates being "*regularly qualified Medical Practitioners* within the true meaning "and intent of 'the Medical Registration Act.' There can be no "doubt of the right of existing and future Licentiates of the "Apothecaries' Hall, Dublin, to be registered under that Act "and when registered as such Licentiates *to practise Medicine*; "the fact of being registered under the Medical Act is such a "Certificate as justifies a Civilian *to practise Medicine*; and every "person so registered *has a good title to present himself at the* "*Competitive Examination*."

That the Company are induced thus briefly to restate their case, and from it to make another appeal to the General Council, with the hope that they will be led to see that it is a matter not of favour but of simple justice, to recognize the Licence of the Company as "a Qualification in Medicine," and that having accepted the course of study and examination to be gone through in order to obtain this Qualification, and having finally admitted the Licentiates of the Apothecaries Hall of Ireland to the *Medical Register*, the Council cannot judiciously deny to them the title which is common to all other persons similarly circumstanced, to present themselves at the Competitive Examination for the appointment of Assistant Surgeon in Her Majesty's Service.

Signed, on Behalf of the Apothecaries' Company of Dublin,
JEROME O'FLAHERTY.

APOTHECARIES' HALL OF DUBLIN
25th *October*, 1862.

4. Moved by Dr. Storrar; Seconded by Dr. Alexander Wood; and agreed to:—"That the Memorial from the Apothecaries' Company, Dublin, be received and printed in the Minutes"—5. Moved by Dr. Leet; and Seconded by Mr. Syme:—"That the General Medical Council, having by their Resolution of the 9th August, 1859, declared 'that the Licence of the Apothecaries' Hall of Ireland is not equivalent to a Degree from a University or College authorized to grant such;' and that this Resolution being at variance with the Provisions of the Medical Act, which does not recognize any difference in the Qualifications of Registered Practitioners, as regards the right of practice, further than as those qualifications refer to Medicine or Surgery; That this Council now declare that the Licentiates of The Apothecaries Hall of Ireland are admitted to Registration as Practitioners in Medicine."

The Debate on this motion was adjourned.

Confirmed—JOSEPH HENRY GREEN.

Births, Marriages, and Deaths.

BIRTHS.

BAILLIE.—On the 17th ult., at Prince of Wales road, Haverstock hill, the wife of Dr. B. T. B. Baillie, of a son.

DRYSDALE.—On the 22nd ult., at Kinross, the wife of Dr. J. Drysdale, of a daughter.

GRABHAM.—On the 21st ult., at Pontefract, the wife of Chas. Grabham, M.B., of a son, still-born.

JORDAN.—On the 2nd ult., at Balla, co. Mayo, the wife of Dr. M. J. Jordon, of a son.

MACLEOD.—On the 9th ult., at King street, Kilmarnock, the wife of Dr. Macleod, of a son.

MENZIES.—On the 17th ult., at Maidstone, the wife of E. Menzies, M.R.C.S.E., Staff Surg.-Major Army, of a son.

MORRIS.—On the 25th ult., at Hayes common, Kent, the wife of Dr. Morris, of a daughter.

ORR.—On the 23rd ult., at Innishannon, co. Cork, the wife of Dr. Orr, of a son.

O'REILLY.—On the 11th ult., at Clones, co. Monaghan, the wife of Wm. O'Reilly, M.R.C.S.E., of a daughter.

PRIDHAM.—On the 5th ult., at Paignton, Devonshire, the wife of C. W. Pridham, F.R.C.S. Edin., of a son.

PURDON.—On the 20th ult., at Belfast, the wife of Dr. C. D. Purdon, of a daughter.

PHILLIPS.—On the 21st ult., at Minster, Thanet, the wife of George Griffith Phillips, M.R.C.S.E., of a daughter.

MARRIAGES.

BLENNERHASSET—HAIRE.—On the 19th ult., at St. George's church, Dublin, Rowland Blennerhasset, M.D., of Kilorglin, co. Kerry, to Maria Louisa, youngest daughter of the late H. Haire, Esq., of Glassdrummond, co. Fermanagh.

BROWN—READ.—On the 21st ult., at St. John's church, Paddington, Isaac Baker Brown, F.R.C.S.E., of Connaught square, Hyde park, to Catherine Read, the adopted child of the late Viscountess Fielding.

BRODHURST—GREG.—On the 26th ult., at Wimbledon, B. E. Brodhurst, F.R.C.S.E., to Edith, only daughter of W. R. Greg, Esq., of Park lodge, Wimbledon common.

MAJOR—CUNDELL.—On the 19th ult., at the Parish church, Hungerford, Berks, Harry P. Major, M.D., of Hungerford, to Elizabeth Jane, elder daughter of Henry Arthur Cundell, Esq., of the same place.

DEATHS.

BROWN.—On the 15th ult., the Rev. William Brown, M.D., Secretary of the Scottish Missionary Society, aged 79.

GARRARD.—On the 19th ult., at Atherstone, Warwickshire, S. Garrard, M.R.C.S.E.

HANNA.—On the 22nd ult., at Mill street, Belfast, William Hanna, L.R.C.S. Edin.

LEVER.—On the 9th ult., at Culworth, Northamptonshire, J. G. Lever, M.R.C S.E., aged 70.

ROWE.—On the 16th ult., at Plymouth, John Rowe, Surgeon, aged 84.

ROWIZZOTTI.—On the 16th ult., at Brompton, G. A. Rowizzotti, Surgeon, aged 53.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members of the college, having undergone the necessary examinations were admitted Licentiates in Midwifery at a meeting of the Board on the 27th inst.:—William John Alkin, Denton, near Manchester; diploma of membership dated May 6, 1863; William Adolphus Frederick Bateman, Richmond, Surrey; May 8, 1863; Fitzherbert Dermott, Melbourne, Australia: April 24, 1863; John Ellerton M.D., St. Andrews and L.R.C.P., Wakefield, Yorkshire; Jan. 28, 1862: Cornelius Benjamin Fox, Truro, Cornwall; May 7 1863; Adolphus Burnell GreatRex, M.D. St. Andrews, L.R.C.P. Holborn-hill; April 24, 1863; Robert Johnson, Bellaghey, Co. Derry; June 28, 1833; Robert Lloyd Jordison, L.S.A., South Ockendon, Essex; Nov. 18, 1862; Frederick George Lawrence, Malmsbury, Wiltshire; April 30, 1861; Bartholomew Lumley, Corbridge, Northumberland; June 4, 1861; Hugh Richard Duncan Mackintosh, L.R.C.P., Cheltenham; April 22, 1863; John New Moore, Moreton in-the-Marsh; April 22, 1863; Thomas Moore, Wimslow, near Manchester; Nov. 18, 1862; John Reynalds, L.R.C.P, Truro, Cornwall; April 21, 1863; James Tily, Hitchin, Herts; April 25,

1892; Henry Seekamp Ward, L.S.A., Horncastle, Lincolnshire; July 31, 1862; Arthur John Watts, Harrow road; Nov. 18. 1862.

[In the list published on the 16th inst. of gentlemen who passed their examination for the diploma and were admitted members of the College of "Welby read "Willby."

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise on the 21st inst.:—Frederick Henry Alderson Ipswich; Joseph James Ideson, Colne, Lancashire; Robert Lloyd, Jordison, South Ockendon, Essex; Benjamin Maurice, Redlands, near Bristol; Marwood Sanderson, Rochester street, Vincent square; Joseph Needham Scrope Sharpnel, Ventnor, Isle of Wight.

Royal College of Physicians and Surgeons Edinburgh: Double Qualification.—The following gentlemen passed their first professional examinations during the recent sittings of examiners:—John Allen, Malta; Andrew Brown, Biggar; Richard Cranke, Ulverstone; Thomas J. Denton, Yorkshire; Henry L. James, Derbyshire; James S. Mathew's Edinburgh; Robert Sheils, Edinburgh; Thomas Sheriff, Northumberland; William G. Stevens, Ardrossan; Valentine Stone, Newark on Trent; Robert Lawson Tait, Mid-Lothan; William Tindal, Montrose.

And the following gentlemen passed their final examinations, and were admitted L.R.C.P. Edin. and L.R.C.S. Edin.:—Malcolm Brodie, Lochgilphead; William Coutts, Aberdeenshire; Charles MacDonagh Cufie, Dublin; John Aston Hill, London; Wm. Wright Milligan, Dumfrieshire; Wynne Staton Ranson, India.

Royal College of Surgeons, Edinburgh.—The following gentlemen passed their first professional examinations during the sittings of the examiners:—Wm. James Dickson, Auchtermuchty; Bernard Doyle, County Down; Robert Gunn, Caithness; Angus Macdonald, Aberdeen; Robert Mackelvie, Wigtonshire; William H. Semple, Stranraer; William Skene, Helensburgh; Archibald B. Telford, Motherwell; John Thomson, Morayshire; Robert B. Thomson, Fochabers; George H. Turnbull, Roxburgshire; G. White, Rankine, New York.

And the following gentlemen passed their final examinations, and obtained the diploma of the College:—James Barry, County Cork; Alex. Bell, Montgomerie, Edinburgh; James Bourke, Limerick; Peter Murray Braidwood, Madras; John Brown, Haddington; John Charles, Lasswade; Robert M'Kinnell Duncan, Dumfries; Samuel Gourley, Shannon; William Jeffry, Berwickshire; Roderick Macleod, Inverness-shire; Robert Potter, County Limerick; Walter Reid, Fife; Alex. Spence, Ingram, Edinburgh; William Henry Cecil Tessier, London; William Walker, Aryshire.

The Lord Chancellor has confirmed the appointment by Dr. Lankester, of Dr. W. Hardwicke, to be his deputy, as Coroner for the County of Middlesex. May 30, 1863.

Royal Medical Benevolent College.—Election, May 21st, 1863.—*Pensioners.* Successful Candidates:—Mary Mutlow, 10,461; Stratford Alfred Eyre, 9611; Hurriet Sawyer, 7943; Grace Pidcock, 6956; Rebecca Scott, 5259.—*Foundation Scholars.* Successful Candidates:—George Henry Heald, 6550; Francis George Wride, 6495; Matthew Lee Smith, 6417; Francis Beaucham Johnson, 4679; Thomas G. F. R. Hobbes, 4395.—[Mr. Eyre desires us to express his thanks to the Members of the Profession, who are subscribers to the Royal Medical Benevolent College, for so largely supporting him at the recent election of Pensioners. Although it was Mr. Eyre's first application, he was second on the list of successful candidates, The Queen heading the votes by 50, and Lord Chelmsford, President of the College, by 30 votes.—*Ed. Med. Circular.*]

Medical Appointments.—R. Beales, M.D., has been appointed Justice of the Peace for the Borough of Congleton, Cheshire; G. Bowring, M.R.C.S.E., has been elected Medical Officer to the Workhouses of the Manchester Township, vice John Lorimer, M.D., and Evan Thomas, M.R.C.S.E., resigned; J. M. Brown, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Burton District of the Kendal Union, vice A. H. Churchill, M.R.C.S.E., resigned; A. H. Bryan, M.D. has been elected Medical Officer and Public Vaccinator for the Ballyneen Dispensary District of the Dunmanway Union, Co. Cork, vice R. N. Willis, M.B., resigned; P. R. Cresswell, M.R.C.S.E., has been appointed Medical Officer for District No. 1 of the Merthyr Tydvil Union, Glamorganshire, vice Mr. Job James, deceased; T. J. Dyke, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Garth District of the Merthyr Tydvil Union Vice James, deceased; G. F. Evans, M.D., has been appointed Hon. Physician to the Magdalen Asylum, Clarendon-road, Edgbaston; C. Evers, M.D., has been appointed Medical Officer for the Garston District of the West Derby Union, Lancashire, vice T. R. Heywood Thomson, M.D., resigned; H. James, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Town District of the Merthyr Tydvil Union, vice J. James deceased; H. King, M.D., has been appointed Medical Officer and Public Vaccinator for the Brideswell Dispensary District of the Athlone Union, vice W. G. May, L.R.C.S.Ed., appointed to the Kiltormer Dispensary District of the Ballinasloe Union; Wm. C. Matthews, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Levenshulme District of the Chorlton Union, Manchester.

APPOINTMENTS FOR THE WEEK.

Wednesday, June 3.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Obstetrical Society of London, 8 p.m—Mr. J. Marshall and Dr. Graily Hewitt, "On a Case of Tubal Gestation,"—Mr. L. R. Cooke, "On a Case of Simultaneous Uterine and Extra-Uterine Pregnancy."—Mr. I. B. Brown: Sequel to a Case.

Thursday, June 4.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Ansted, "On Geology;" Royal College of Surgeons of England, 4 p.m.—Prof. Gulliver, "On the Blood, Chyle, and Lymph; Chemical Society, 8 p.m.—M. Marcellin Berthelet, "Synthetic Methods in Organic Chemistry."

Friday, June 5.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Royal Institution, 8 p.m.—Mr. John Ruskin, "On the Alps of Savoy."

Saturday, June 6.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital 2 p.m.; Lock Hospital, Dean street, Soho, 1 p.m.; Royal Institution, 3 p.m.—Professor William Thompson, "On Electric Telegraphy;" Royal College of Surgeons of England, 4 p.m.—Professor Gulliver, "On the Blood, Chyle, and Lymph."

Monday, June 8.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, June 9.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Hawkins on the Constitution of the Deaf and Dumb. London: Longman, Green, and Co.

Infant Feeding and its Influence on Life. By Dr. Routh. Second Edition. London: J. Churchill and Sons.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

We regret that, owing to the space occupied by the Transactions of the General Medical Council, we are compelled to postpone the publication of Dr. Nesfield's Paper on Pelvic Abscess, Dr. Whitelaw's Notes in Midwifery Practice, Mr. Newman's Report of a Case of Meningitis, Mr. Vosé Solomon's Paper on Iridectomy; together with Reviews of Hassall on the Urine, Wood on Rupture, Leared on Imperfect Digestion, and several other Papers, Reports, and Reviews.

Dr. Whitelaw's paper has been received, and will be inserted next week, if possible.

Mr. J. Vose Solomon's paper has been received.

Mr. Newman's paper has been received.

Mr. G. B.—The subject shall receive early attention.

Mr. S. L.—The pamphlet has been received.

Mr. H. H. Swann's letter is inserted.

Mr. Eyre's request shall be attended to.

Mr. J. C. Roope.—The corrected copy has been received.

Dubitans.—The statement that Sir Culling Eardley died from the effects of unsuccessful vaccination, rests only upon a newspaper paragraph, and we shall certainly not believe the report until it is confirmed by some respectable medical evidence. We by no means deny the fact, because daily experience teaches us that wonders never cease, but still we like to have *some* evidence before forming an opinion. We need not remind our Correspondent that ordinary newspaper writers are utterly careless about the scientific accuracy of the wonderful stories which they relate.

A Student.—The statements are conflicting, and we fear that the writers on both sides are actuated by personal feeling.

Sitiens.—We received no notice of the meeting, and do not feel ourselves called upon to allude to the subject.

A Country Subscriber.—Dr. Budd's work on the Stomach, and Dr. Brinton's on the same subject.

Dr. C. W. H. S. Pullen will see by a notice above that our attention has been directed to the subject.

The Anthropological Society of London.—The card has been received.

Dr. R's suggestion shall be attended to.

PARISIAN MEDICAL NEWS.

HOSPITAL FOR INFANCY.

MR. H. ROGER'S WARDS.

Treatment of Tubercular Meningitis.

We recently witnessed in Mr. Roger's wards several instances of tubercular meningitis, which, as usual, ended in death. In the remarks suggested by the observation of these cases, the professor dwelt on the melancholy history of the disease, and inquired whether any treatment should be attempted.

Our readers are aware that, in imitation of Camper, who attached the epithet *incurable* to the disease, and recommended the patients to be left to the unaided efforts of nature, lest remedies should aggravate their condition, Mr. Trousseau refrains from active treatment, convinced that the resources of the pharmacopeia are here utterly unavailing. We hear it, however, daily asserted that a child has recovered from brain fever, and some physicians are sincerely persuaded that in many instances they have succeeded in effecting a cure of this formidable affection. This apparent discrepancy can be accounted for by the fact that certain acute cerebral symptoms, differing in nature from tubercular meningitis, are readily curable. Such are those coincident with typhoid, or albuminuria, and uncomplicated meningitis, the frequency of which compared with that of the tubercular form of the disease, would be, according to Mr. Roger, in the proportion of one to twenty. The diagnosis is therefore of immense importance to the prognosis, but Mr. Roger cannot agree that the extreme gravity of the latter is a sufficient motive for the inactivity of the therapeutist.

Between blindly confident, or enthusiastic interposition, encouraged by success too frequently referable to inaccurate diagnosis, and the absence of all treatment founded on a degree of scepticism bordering on absolute unbelief in the possibility of a happy issue, a middle course lies open to the practitioner.

In the first place, to say nothing of the efficacy of prophylactic measures, to which we shall presently revert, it may for the sake of argument be conceded, that after the development of the symptoms indicative of cerebral granulations, these may yet, like similar deposits in the lung, be reduced to the state of innocuous foreign bodies. Although the tendency of the morbid product is rather to increase than to diminish in size, appropriate measures of treatment may allay the inflammatory action, reduce circumambient congestion, and induce absorption of the false membranes and liquid effusion; the tubercular granulations might under such circumstances be expected to return to their previous inactive state, and the cerebral structures becoming accustomed to their presence, cease to manifest any tendency to disease. All this is doubtless possible, but we must acknowledge that it seldom happens. It must, however, be remarked that these are not mere speculative views, and that clinical observation confirms the theory. Thus, in about a hundred instances of genuine tubercular meningitis, Rilliet numbers nine or ten in which recovery occurred, and thirty well-authenticated cases at least might be found in our scientific records, in which a fatal issue was undoubtedly averted by judicious treatment.

Despite its extreme gravity, the disease must therefore be contended with, and measures of a prophylactic or curative description, should, according to circumstances, be instituted by the physician.

In one family a child dies of tubercular meningitis; a second outlives him or is subsequently born; how is he to be preserved from a complaint to which he may not unnaturally be supposed to have a predisposition? The question daily occurs in practice.

In such a case the palliative treatment of tuberculosis in general should be prescribed. If the child has passed the trying period of teething, and has been weaned for several months, the diet should chiefly consist of roast beef or mutton, with the vegetables in season. At each meal a little claret will be allowed, but sweets and pastry should be prohibited. Made dishes, smoked or corned meat, coffee without milk, should be avoided. The diet most appropriate for children predisposed to tubercular disease is described as follows by Messrs. Rilliet and Barthez:—In the morning, between six and eight o'clock, breakfast, to consist of soup or coffee prepared with Spanish acorns. At eleven or twelve a second meal of soup, an underdone and finely chopped mutton cutlet, and if the child cannot masticate sufficiently, an egg boiled, buttered, or fried—an article of food which forms at all ages a convenient resource. At three o'clock p.m. a piece of dry bread, with a glass of water or weak negus. At six, soup, meat, and vegetables, as at luncheon.

In addition to nutritious diet properly seasoned with salt, the locality inhabited by the child should be healthy, open air exercise should be regularly taken, and a bath at about 80° Fahr. every week, besides daily sponging of the entire body with water at first tepid, and subsequently cold. These ablutions inure the system to cold; and dry or slightly aromatic frictions, shampooing, sulphurous or saline baths, and when practicable, sea-bathing, are also well calculated to strengthen the constitution of delicate children, in whom the development of tuberculosis may be apprehended.

These measures, together with clothing of a warm description, and sufficiently wide to allow the limbs full liberty of action, constitute the hygienic treatment which should be recommended.

Mr. Roger laid peculiar stress on several points connected with the organ more specially concerned.

The hair should be cut short, and the child accustomed to wear light caps. The bed should be unprovided with curtains, and the head and shoulders raised upon hard pillows. It is also necessary to attend to the intellectual development of the child. It is obvious that for young children a large allowance must be made for play, and exercise more favourable to physical than mental culture. It is far better that the child be healthy and vigorous than remarkable for premature instruction, particularly as the lost time will subsequently be easily regained. While deprecating excessive mental application, Mr. Roger conceives, however, that in the case of a child sufficiently intelligent to apply with benefit to appropriate studies, it would be an injudicious course to condemn him to entire idleness, which too often leads to the acquirement of bad habits. The physical and mental education should keep pace with each other, and be combined in fair proportions.

Counter-irritation in the shape of issues, setons, or blisters, has been recommended as a preventive of tubercular meningitis. The professor opines that the alleged advantages of these remedies are not borne out by experience, that they are a source of exhausting and unnecessary suppuration, and that it is wiser to prescribe tonics, such as chalybeates, cod-liver oil, the infusion of walnut-leaves, and stimulant baths as above alluded to.

Mr. Barthez, however, acknowledges that from the results observed in his practice, he is now better disposed than formerly to entertain a favourable view of counter-irritation. When the scalp is affected with eruptions, he uses only palliatives in the treatment of the cutaneous disease, and prescribes blisters and laxatives.

Let us now turn to the curative treatment of tubercular meningitis.

On account of the perilous character of the disease, some authors advocate energetic treatment. This, says Mr. Roger, is a mere theoretical view inapplicable in actual practice, and the treatment must be in harmony with the form assumed by the affection. It would evidently be improper to bleed, purge, and blister, if in its incipient stage meningitis puts on the aspect of gastric derangement. The symptoms must be watched and contended with as they appear. One-sixth or one-third of a grain of calomel may be exhibited every two hours, a laxative enema be administered, poultices applied to the legs, and cloths dipped in ether, or the following lotions laid on the forehead:—

℞ Potassii Cyanidi, gr. iijss.
Aq. distill., ℥iijss. M.

Internally ice or Seltzer water may be allowed; in short, as the nature of the case is yet uncertain, the measures adopted should be resorted to with caution.

When, on the contrary, the severity of the symptoms establish the diagnosis beyond the possibility of doubt, venesection and leeching should be unhesitatingly prescribed. The leeches should be applied over the mastoid; in this region, says the professor, they are less liable to cause cerebral congestion, the relief experienced is more speedy, and the solid surface of the bone admits of needful pressure being exercised in order to check hæmorrhage, in case the sesquichloride of iron be not at hand. One leech behind each ear is sufficient in the case of a child aged two or three years, and the application may, if desirable, be repeated. If much objection is entertained by the parents to leeching behind the ears, the annelids may be applied to the malleoli, but never to the seat.

In this acute form of meningitis the aperients should be more active, and scammony may, with advantage, be associated with calomel, and refrigerants should be applied to the forehead. Mr. Roger agrees with Mr. Guersant that cold compresses frequently changed are preferable to ice, which often causes pain, and if discontinued for a short time, gives rise to undesirable vascular reaction. Cold compresses, on the contrary, relieve headache, and are open to no such objections. If convulsions supervene, Mr. Roger prescribes tepid baths, during and after which he directs cooling applications to be made to the head.

When the headache is excessive, Mr. Roger has recourse to preparations of opium, which cause costiveness, it is true—a complication easily counteracted. It is not altogether proved that opium occasions a determination of blood to the head, but it is quite certain that it allays pain. The professor therefore prescribes frictions with opium liniments externally, or a tea-spoonful of the syrup of morphia, which may be repeated at intervals until slight narcotism has been produced.

If marked intermissions are observed, quinine should be exhibited; but these remissions are deceptive, and often referable to the temporary improvement which intervenes between the different periods of the disease.

Such is the proper treatment of incipient meningitis; when the affection enters its second stage, and morbid secretions have been deposited in the ventricles or between the arachnoid and pia mater, blood-letting and refrigerants must be discontinued, and mild laxatives and direct counter-irritation be resorted to. Hahn has published the particulars of several cases of very severe cerebral disease, in which a cure was effected by frictions over the previously shaved scalp with an ointment consisting of half-a-drachm of tartar emetic, the same quantity of lard, and twenty minims of croton oil. Rilliet states that he witnessed a genuine cure obtained by the application of this remedy, but the pomade induced painful ulceration, and a copious and exhausting suppuration, which continued for several months, and Mr. Roger recommends in preference small blisters around the ears, the effects of which can more easily be kept within reasonable limits.

In the last stage of meningitis, alteratives, calomel in small and frequently repeated doses, and mercurial frictions, should be prescribed. This is the remedy which has hitherto yielded the most satisfactory results. Mr. Roger does not think it necessary to produce salivation. West records numerous cases in which mercurials proved unavailing, although copious salivation was induced, whereas unquestionable cures were effected by the mere purgative or alterative action of calomel in two-grain doses daily, divided into fifteen or twenty powders, and combined with sugar, and half or a third of a grain of extract of belladonna.

At this period, also, iodide of potassium has been strongly recommended, and Mr. Bourbousse de Laffore asserts that he has obtained with this drug most satisfactory results. The experiments instituted on the subject in Paris have not, however, confirmed the expectations raised by that gentleman's statements. Eight grains, however, may be exhibited in a four-ounce mixture, but slender reliance can be placed on the efficacy of the remedy. The same remarks apply to sulphate of potash, five grains of which may be administered in a similar manner, and which utterly failed in producing any improvement in a recent case in the Hospital for Infancy.

Mr. Roger endeavours to subdue the spasmodic or convulsive symptoms which occur at this advanced stage of the affection, by the exhibition of musk, eight or twelve grains of which may be given in a four-ounce mixture, or by half-a-drachm or one drachm of assafœtida in an enema. It is also proper to shave the head and apply a large blister over the scalp.

In cases of coma, blisters to the legs and thighs should be resorted to, and if the heart recovers its power, refrigerants should again be applied to the head. Should the circulation remain languid, bark, arnica, beef-tea, and restoratives of every description are appropriate, especially if the disease has lasted some time.

We may remark in conclusion that these various measures of treatment are generally unavailing; but although the cause is a bad one, it should not be altogether deserted. It is a duty incumbent on the practitioner to exert his utmost efforts for the sake of the child and of its mother, and to support the dignity of his profession by not abandoning the patient to the fatal interposition of quacks.

HOTEL DIEU.

MR. MAISONNEUVE'S WARDS.

Diagnosis of Dislocations of the Shoulder.

A middle-aged man, whose right shoulder had been dislocated fifty-two days before, was admitted into the Hotel-Dieu on the 28th of April. Shortly after the occurrence of the injury considerable tumefaction of the deltoid region supervened, and the surgeon who first saw the case failed in detecting its nature, and merely prescribed evaporating lotions over the part. The deformation of the shoulder soon became more perceptible, but as very little pain was present, the patient trusted that his condition would improve with time, and at last finding himself entirely incapable of using his arm, applied for admission into the hospital. Mr. Maisonneuve had no difficulty in establishing the diagnosis of the dislocation, which was characterised by the flattened aspect of the shoulder, the presence of the head of the bone in the axilla, and the impossibility of imparting to the limb its habitual movements.

The latter sign is one of extreme importance, and has not, perhaps, received the full amount of attention it deserves.

The diagnosis between dislocations of the os humeri, fractures of the neck of the bone, and simple contusion of the shoulder, has given rise to much learned disquisition; but the practitioner sometimes remains uncertain, bewildered by the exhaustive description of the manifold signs of each of these injuries. This hesitation, which may lead to unnecessary interference, or to injurious inactivity, would, in Mr. Maisonneuve's opinion, cease to exist, were the following important axiom of physiology always present to the mind, viz., that in every dislocation the natural movements of the joint are impeded or abolished, whereas in simple contusions they persist always in some degree, and that unusual mobility is superadded in cases of fracture. This symptom is one which can always be readily discriminated, and in every instance will lead to the discovery of dislocation, however great may be the concomitant tumefaction.

When, therefore, a person in full health experiences after a fall or a blow, or in the absence of any external violence, and even during sleep (dislocation of the shoulder has been known to occur in that condition), experiences any unusual sensation in the shoulder, the most direct means of ascertaining whether the case be one of rheumatism, contusion, fracture of the neck of the humerus, or luxation, consists in grasping the arm and endeavouring to impart to the limb its natural movements. If these are impossible or very limited, the surgeon may confidently pronounce the injury to be a dislocation. Other signs in the contrary case will indicate rheumatism, fracture, or contusion. In the patient who suggested the present re-

marks, Mr. Maisonneuve observed that, had this symptom been attended to, the swelling of the parts would not have prevented the discovery of the true nature of the accident, and other circumstances, such as the prominence of the head of the bone in the axilla, the elongation of the limb, etc., would have been sought for, and the diagnosis thus accurately established, would have pointed out the proper measures of treatment.

The reduction, however, had been delayed for fifty-two days, and the dislocation having now lasted so long a time, the soft parts had contracted, and the head of the bone had formed for itself a new socket, and was probably fixed by adhesions. Hence the necessity of applying a considerable amount of power for the restoration of the bone to its proper situation, and Mr. Maisonneuve resorted to the use of pulleys.

The patient was seated on a stool, and firmly secured with a towel passing beneath the axilla to a stout iron ring fixed in the wall. The bands used for extension were fastened around the wrist and elbow, the operator widening his fulcrum as much as possible, in order to avoid contusion of the soft parts. For the purpose of protecting the skin, a sheet of cotton wadding may be used, and the arm-pit should also be filled with some such substance, in order to deaden the pressure on the axilla. These precautions are of importance, and if omitted in a first unsuccessful effort at reduction, may deter the patient from submitting to a second attempt. The pulleys were then slowly and steadily worked for two or three minutes, with a tractive power not exceeding 160 pounds. When the muscular resistance had thus been wearied out—an object which the surgeon should endeavour to attain by moderate but uninterrupted effort—Mr. Maisonneuve rapidly increased the traction to 204 and 206 pounds. A peculiar sound, indicative of displacement of the head of the bone, was then heard, the extension was discontinued, and the operator succeeded by a sudden movement in replacing the humerus in the glenoid cavity. We saw the patient on the following day; his condition was in every respect satisfactory, and the arm was firmly attached to the body by a series of diachylon bands of simple construction.

In a similar case of dislocation of five weeks' standing, Mr. Maisoneuve was compelled to use a tractive power of 250 pounds; no bad effects followed. This surgeon conceives that luxations of the shoulder are generally reducible, whatever be the length of time which has elapsed since the occurrence of the injury.

AURAL SURGERY.

MR. TRIQUET'S DISPENSARY.

Diagnosis and Treatment of Rheumatic Otitis.

The rheumatic diathesis occasionally gives rise to a form of otitis which presents considerable analogy to Mackenzie's rheumatic sclerotitis; thus it is produced by exposure to cold, chiefly affects the fibrous structures of the organ of hearing, and by the character of the pain, the periodical increase of violence of the symptoms, and the effects of treatment, forcibly recals the idea of rheumatism. This otitis, which, despite its name, is frequently observed in persons who have never previously suffered from disease of the joints, seldom occurs in both ears at once, and is almost invariably accompanied by catarrhal inflammation. Catarrhal and rheumatic otitis are however perfectly distinct affections, and we will endeavour to describe their discriminating features as expounded by Mr. Triquet; we shall on another opportunity revert more fully to the same subject, when the Professor shall have published the *clinical inquiries*, which he is now preparing for the press.

Catarrhal otitis is a disease peculiar to the dermoid and mucous lining of the meatus; rheumatic otitis affects the membrana tympani, the articulations of the ossicula, the fibrous and periostic structures of the ear, and may extend to the fibro-serous membranes of the osseous labyrinth. Hence it is that in rheumatic otitis the external auditory duct presents no change at first, and that the characteristic blush of inflammation is visible on the membrana tympani only, where tortuous blood-vessels of unequal size may be descried with the speculum and reflector, converging from the margin of the membrane to the insertions of the manubrium mallei. We should here remark that Mr. Triquet refers the frequent and insupportable singing in the ear which accompanies the disease to the presence of these blood-vessels, to their great number, and to their common direction towards the spot above indicated.

Catarrhal otitis gives rise to a mucous secretion and a morbid discharge, but nothing of the kind is observable in rheumatic otitis, which affects textures of another description.

In catarrhal inflammation of the ear, the pain is superficial and seems localized in the tragus and its immediate vicinity, and a sensation analogous to that which might arise from the presence of a foreign body in the meatus is experienced. In rheumatic otitis, the pain is deep-seated, piercing, and not limited to the ear; it extends to different parts of the side of the head, has a quasi-neuralgic character, and has been mistaken for genuine *otalgia*. The temple, occiput, synciput, are the most common seats of the pain which is seldom observed in the forehead, but often occurs in the lower jaw, especially in the neighbourhood of the articulation. It is further deserving of notice that the suffering is more intense at night than during the day.

One of the symptoms most commonly met with is the increased irritability of the sense of hearing, which renders the slightest sound unbearable, and particularly the noise of large cities, and the clatter of street traffic, which is extremely distressing at all stages of the affection, and far more so at night. The aggravation or decrease of this symptom is invariably proportionate to the head-ache previously alluded to.

The pain peculiar to this form of otitis, is, as we have stated, of a piercing, throbbing character, and extends from the ear to the skull and lower jaw; it is not localised in a decayed tooth, and is unconnected with the cutting of a wisdom tooth, which is a frequent cause of symptomatic, the only unquestionable form of otalgia. We should not omit to mention some additional characteristics of the pain induced by rheumatic otitis; it frequently spreads to the eye, and induces epiphora; but is more commonly felt in the temple, and the patient compares his sufferings to those which would be induced by the pressure of a tight iron band round the head. They are usually increased by heat, and especially by the heat of the bed, and are much aggravated at night, towards morning, when they interfere with rest and cause the most severe distress.

After pain, the most troublesome symptom is the tinnitus and singing in the ear, which indicates that the inflammation occupies the drum or the labyrinth, or as most usually is the case, both at once.

The most habitual and most efficient cause of this variety of otitis is exposure to a cold and damp wind. Thus, standing in a draught, or sitting at a table close to an open window, or travelling at night in a carriage with the glasses down, are stated to be common causes; or a cold bath indulged in in summer, while the body is in a state of perspiration, may induce the disease.

It occurs at all seasons of the year, and at all periods of life, but more usually in youth.

The diagnosis rests on the signs above described, and especially on careful inspection of the meatus, and membrana tympani with the speculum and reflector, and the disease is to be discriminated from catarrhal otitis by the absence of the pathognomonic symptoms of the latter, and especially of any discharge.

The prognosis is serious, and although no organic change of the outer structures of the ear, such as thickening or perforation of the membranes, or destruction of the ossicula is to be apprehended, yet the rheumatic inflammation occupying the fibrous tissues, and being liable to extend from the tympanum to the labyrinth, may occasion irreparable damage, unless it is checked by prompt and judicious interposition. Relapses are moreover frequent, and not unusually entail ankylosis of the ossicula.

Active treatment must therefore be resorted to.

General and local blood-letting is extremely serviceable in this affection, and should on no account be omitted. The blood is generally found in a highly fibrinous state, and immediate relief is experienced after venesection. If the pain persists in any degree after the operation, it should be removed by the application of a few leeches behind the ears.

The exhibition of calomel and opium is the next remedial measure recommended by Mr. Triquet, for the purpose of soothing the pain and local irritation, and of removing the tinnitus and even the deafness. But the most efficacious remedy for the latter symptom consists in fumigations with the acetate of ammonia, conveyed with an appropriate apparatus into the inner ear.

Mr. Triquet prescribes four grains of calomel associated with one grain of opium to be taken every night at bedtime, until the gums are slightly touched.

In herpetic forms of disease, the Professor has derived benefit from the exhibition of Pearson's arsenical solution.

Aperients are also useful, especially scammony alone, or in combination with jalap, and sudorifics, such as a drachm of liq. ammon. acetatis three or four times a day in a teacupful of a warm solution of ground ivy, lime-tree flowers, or guaiacum.

Tonics, and especially the extract of cinchona and the sulphate of quinine (which should be administered in a liquid solution), are also in many instances highly advantageous.

Mr. Triquet prohibits the use of injections and sedative instillations of laudanum, henbane, tincture of opium, &c., which in several instances have given rise to alarming symptoms. Fumigations, on the contrary, are highly efficacious, especially those performed with aromatic substances, neutral acetate of ammonia, sulphurous acid, &c.

Counter-irritation with blisters, croton oil, or hartshorn, will be found serviceable at the close of the acute stage, and greatly assist in bringing about a cure of this painful affection.

MEDICAL CORRESPONDENCE.

Remarks on the Effects of Hydrocotyle observed in Cutaneous Diseases.—One of your correspondents indirectly blames me for not having alluded to hydrocotyle (Pennywort) in my observations on the treatment of eczema (Art. 6398). Although my experiments on this drug were instituted a long time since, the following are the results my memory supplies me with.

The late Mr. Dalpiaz entrusted to me a certain amount of samples of the plant, and several hundred pills prepared with the hydro-alcoholic extract. I exhibited an infusion prepared with one drachm to one drachm and a half of the plant for two pints of water, three tumblers to be taken in the course of the day, half-an-hour before meals, and I prescribed for adults ten pills night and morning. These doses occasioned no nausea. During the first days of treatment the patients complained of increased irritation, itching, and loss of sleep, and in the course of a week the eruption returned to its original condition.

I have resorted to the use of hydrocotyle in several cases of *psoriasis*, *eczema*, and *chronic prurigo*. I must again repeat that although I found the remedy perfectly innocuous, its efficacy is so utterly insignificant, that I have been compelled to discontinue its exhibition.

Duchesne-Duparc, M.D.

— Hydrocotyle was at one time a highly-popular remedy for elephantiasis and eczema. Some practitioners continue to prescribe it as an alterative and an auxiliary of other drugs in cutaneous diseases; but whether the doses used were too small, or the drug be really worthless, the able specialists of Hospital Saint-Louis agree with Dr. Duchesne-Duparc in declaring it inefficacious, and have for some time ceased to employ it.

H. C.

SCIENTIFIC MISCELLANEA.

Efficacy of Tonics and Sesqui-chloride of Iron as remedies in Croup.—It is now a generally-admitted fact that croup is but a local manifestation of diphtheria, which is a general disorder of an essentially depressing nature, and that remedies of a supporting kind are those most likely to be useful. The persevering exhibition of tartar-emetic and calomel is even objected to by many judicious practitioners, and in a memoir published in the *Montpellier Medical Journal*, Professor Courty states that he would be inclined to proscribe the use of chlorate of potash, an alkaline drug which may be viewed as a liquifier of the blood, "were not its efficacy unquestionably demonstrated in pseudo-membranous mercurial stomatitis."

In addition to food which should at all hazards be exhibited at short intervals, Mr. Courty recommends tonics, and especially bark and steel. A decoction of one drachm of cinchona bark in seven ounces of water, mixed with equal parts of milk, is, in his opinion, a nutritious and tonic preparation, preferable to syrups which clog the stomach, and to bark-wine which causes irritation.

With regard to chalybeates, the safest preparation would be the liq. ferr. sesqui-chloridi (at 30 deg. areom.), from 25 to 50 minims of which, dissolved in a glass of water, should be taken in fractions in the course of the day. A draught of milk, taken after each dose, will remove the disagreeably styptic taste of the solution. Mr. Guibourt, who first recommended this plan, opines that the milk should merely be used as a gargle, because, if swallowed, it might decompose the sesqui-chloride.

Such is the treatment to be followed with perseverance, whether tracheotomy has been resorted to or not.

In addition to the operation, if it has been required, the local measures must satisfy a twofold indication—viz., destroy or remove the false membranes, and prevent their reproduction.

Mr. Courty does not deny that mucous concretions, or even genuine diphtheritic fragments, may have been rejected during the efforts of emesis; but he conceives that the practitioner should never rely on emetics for the expulsion of extensive false membranes situated in the larynx. Emetics should not, however, be utterly discarded from the treatment, and are beneficial in the early stages of croup. They are, moreover, efficient sedatives of laryngeal spasmodic action, and of the swelling of the mucous membrane. But as they are liable to induce a dangerous amount of debility, they must be used with caution, and selected with discriminating prudence.

Ipecacuanha is preferable for children, and should be exhibited only in the first, or at the beginning of the second stage of the disease.

If the emetics have not succeeded in de-obstructing the larynx, and if the tendency to asphyxia steadily increases, and threatens to destroy life before the medicines exhibited have mastered the symptoms, tracheotomy must unhesitatingly be performed. This procedure should be instituted during the progress of the second period, before the third stage marked by uninterrupted orthopnœa, and imminent asphyxia, has decidedly set in.

Food, tonics and sesqui-chloride of iron are then, more than ever, necessary; the surgeon must also watch with unwearying attention the fauces, the nares, and the incision in the neck, and touch any suspicious surfaces with the liquor sesqui-chloridi (at 30°.)

This is the most efficious of all local remedies; it impregnates the diphtheritic patch, penetrates beneath its edges, reaches the subjacent surface, and obviates the necessity of having recourse to the difficult process of tearing away the false membrane.

The forcible avulsion of the pseudo-membranous deposit may thus in most instances be dispensed with. The application of the sesqui chloride reiterated every day or every other day, modifies the vitality of the diseased mucous membrane and facilitates the spontaneous detachment of the concretions. In the intervals of the applications, the parts should be fomented with a strong decoction of red roses, walnut leaves, or oak-bark.

Mr. Courty's remarks are applicable of course only to the false-membranes accessible to the eye. Those which are situated in the larynx or trachea may be beneficially modified by the same remedial agent conveyed into the air-passages with a pulverising apparatus.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

LECTURES
ON DISEASES OF THE SKIN.

By George Ross, M.D.

(Continued from page 270.)

Subjects: The Scrofulous Constitution; Lupus; The Use of Arsenic, Cod-liver Oil, Iron, and Quinine.

In treating of cutaneous affections in connexion with the scrofulous cachexia, I confine myself chiefly to those that characterise the diathesis. We sometimes observe papular and squamous affections associated with the strumous habit, but these coincidences are rather accidents than constant effects and distinctive manifestations of struma. Very recently I have had under treatment a most obstinate case of prurigo in a strumous patient, and after trying many remedies without marked advantage, rapidly cured it under the free use of Cod-liver oil. It was the fact of an obvious scrofulous diathesis that induced me to have recourse to the oil; and it succeeded after every other form of tonic, vegetable and mineral, had failed. It was interesting to see the skin lose its dryness, the subcutaneous tissue get replenished with fat, the papules, with the attendant pustules caused by scratching, disappear, and the patient delivered from his martyrdom as he persevered in the use of the oil. We may then have any form of cutaneous disease associated with struma; and when such a combination occurs, the correction of the strumous constitution will be the most effectual treatment of the malady.

There is one affection of a most formidable character, which is said to be intimately associated with, if not directly caused by, a scrofulous habit—I allude to *lupus*. Many patients afflicted with this disease certainly do exhibit evidences of a debilitated constitution. They are usually pale—occasionally almost cadaverous, have a large upper lip, and a glassy eye. Their muscles are flabby, and there is a general want of tone; yet, the connexion between lupus and struma is not constant, and cases occur where it is not apparent.

Lupus.—This patient was a female rather advanced in life. When I saw her first she had suffered from the disease about six weeks. At the time she presented herself, the mucus membrane inside the left nostril was ulcerated, and this ulcer extended to the septum and upper lip. There was a tubercle on the tip of the nose about the size of a pea and covered with a loose scab. The end of the nose and left ala were hypertrophied, and of a deep bluish crimson hue; the complexion generally being very pale. There was also an ulcer which was very tender on the hard palate; it had smooth thickened edges and an irregular form. Five minims of liq. arsenicalis were ordered to be taken three times a day; and, as an external application, simple water dressing. Under this treatment she rapidly improved.

August 5.—Four days after commencement of treatment I find it recorded. "The hypertrophy diminished, colour less crimson, but the tubercle larger. Ulcer of palate improving."

August 8.—"The colour of nose much paler; swelling considerably reduced; the tubercle flattening; ulcers gradually healing."

August 12.—"The redness and hypertrophy entirely gone; the ulcer on tip of nose *in statu quo*, with a circle of redness around it about two lines in breadth; ulcer inside on septum and base of naris very much better. The ulcer on hard palate less sensitive and healing. She complains of deafness. To take two and a half minims of liq. arsenicalis only."

The arsenic was soon increased to the original amount, and it was continued unintermittingly for three months that it might have time to exercise its full effects; but the patient did not get well. On the contrary, fresh tubercles broke out during this time and the affection crept along both cheeks. This woman remained under my treatment six months, and during this period it was evident that the arsenic had a positive power in reducing the hypertrophy and discolouration, and in staying the progress of the malady; for as often as it was discontinued for a few days, so often the disease seemed to take a fresh start. Its influence, however, was not positively curative; the old tubercles did not wholly heal and new ones formed. I had recourse to the local use of chloride of zinc, which invariably destroyed the tubercles, with, of course, some damage to the tissue. This patient left me to go to her native place for change of air, and I am unacquainted with her present condition. She was too poor to obtain suitable nourishment, and she discontinued her visits at a time when the daily use of Cod-liver oil, as a nutrient, would, I have no doubt, have been of the greatest advantage.

I have employed the arsenic as recommended by Mr. Hunt in other cases of lupus, and I have always found it beneficial; but I have not perceived that definite cures have resulted from its use alone. It is undoubtedly a valuable resource, but escharotics are necessary. I have seen arsenic do good up to a certain point, in other cutaneous affections, and then lose its efficacy. In such cases I have found cod-liver oil given as a means of nourishing the patient, —complete the cure.

In another case, similar to the foregoing, but in a younger person, and of longer duration, the patient having been ill two years previous to her coming under my care, the arsenic was employed with marked advantage. The disease which was chiefly in the left ala, gradually abated, and the ulcers cicatrised. Before, however, my seeing her, several ulcers must have been healed, as the *ala nasi* was scarred with cicatrices.

As a rule in these cases, our dependence must not be placed solely on the internal administration of arsenic. It will be necessary to resort to the chloride of zinc paste, or the acid nitrate of mercury to destroy the ulcerated tubercles. After one is destroyed it generally happens that others will form, when it will be expedient to apply the escharotic to the new ulcers. The caustic will destroy the disease in the part to which it is applied, but will not prevent its extension; this object can be attained only by means of arsenic, or other constitutional measures.

A paste of the chloride of zinc is probably the most convenient caustic for use in these cases. The pain caused by it is not severe unless it pass inside the nostril and touch the mucous membrane, when it will cause great agony. This may be the result of accident or design; when the paste is intended to be applied to an internal ulcer, the chloride should be much diluted with flour or other farina.

Cod-liver Oil.—I do not think that the use of this agent is sufficiently estimated in the treatment of cutaneous diseases. In tuberculosis generally our confidence in it is almost a superstition; but so soon as the tuberculosis is seen to be associated with cutaneous disease, we are prone to fly to other remedies of traditional or more reputed efficacy; yet I have not found any superior, or even equal, to the oil. In a very large number of intractable cases of skin disease, whether papular, squamous, or pustular, the nutrition of the system will be found to be faulty, as will be evidenced in a dry inelastic skin, deficiency of sub-cutaneous fat, prominent skeleton, and narrow chest; under these circumstances an easily-assimilable nutrient is indispensable; and we have one in cod-liver oil. Arsenic does not effect the purpose; it will give tone to the capillary system, diminish hypertrophy and allay excessive sensibility of the cutaneous nerves, and in some instances these actions will suffice, but in the more protracted cases they do not effect enough to accomplish a cure. I have seen the operation of arsenic limited to these results many times, and no further good done until cod-liver oil was resorted to. Nor will quinine or iron answer the end much better—on the contrary, these agents will sometimes increase irritation, although the indications for the use of a tonic may be very apparent. I regard cod-liver oil as scarcely less specific,—if I may be permitted the use of the term—in degenerated forms of skin disease, than it is in phthisis pulmonalis.

The oil appears to me to act mainly as a nutrient; and I place little confidence in the alterative or specific properties of the iodine, bromine, chlorine, phosphorus, sulphur, lime, &c., &c., which enter into its composition, although I would be unwilling to deny their influence altogether.

In scrofulous cases the oil is indispensable, for in such the eruption must be viewed only as one of many symptoms of a degenerated crasis of the blood. The recovery of the patient under the use of the oil is marked by a clearer and brighter complexion, the return of blood to the capillaries, and a plumper state of the areolar tissue. There is evidence of a more abundant production of red corpuscles, in the development of which it would appear that the more distinctive properties of the oil, as a nutrient, consist. Mr. Ancell, in his admirable Treatise on Tuberculosis, cites some experimental researches by Dr. J. F. Simon to prove this fact. Clinical observation corroborates the scientific testimony. In this respect I regard the oil as a more reliable remedy than preparations of iron, on which dependence has been usually placed for the reproduction of the red corpuscles. I must confess that my confidence in iron for this purpose is considerably shaken, and I conceive that when it does act favourably it is rather by improving the digestive and assimilative powers, than by contributing directly to the blood a special element. It thus acts like quinine or any other tonic. This latter drug I generally prefer to it in most cutaneous affections, as the quinine has a more distinct effect on the nervous system, in improving the tone, and diminishing the susceptiblity, of which the chief therapeutic virtue of quinine appears to me to depend. These remedies may be advantageously employed as aids to the cod-liver oil; but they cannot supersede it use.

(To be continued.)

THE MEDICAL CIRCULAR.

WEDNESDAY, JUNE 10, 1863.

THE GENERAL MEDICAL COUNCIL.

The General Council of Medical Education and Registration has completed its labours, and its members are again scattered over the three kingdoms. It is with great regret and disappointment that we observe how little real work has been accomplished at the recent sitting of the Council. Indeed, with the exception of the financial matters, very little seems to have been done except in the way of a vain attempt to adjust the conflicting claims of the different Medical corporations, all of which have representatives, and an equally vain attempt to enforce the recommendations made by the Council itself. The Medical Act was intended to confirm the different licensing bodies in many of the powers which they already held, but it was certainly never designed to extend any of the existing powers or to confer new ones which the corporations did not possess before. Nevertheless we find that the Royal College of Surgeons of Ireland has been struggling to obtain powers to give licences in medicine as well as surgery, although one would think that Ireland was sufficiently rich in Medical institutions; the Royal College of Physicians of London, acting upon a somewhat dubious interpretation of its original charter, claims to examine and give licences in surgery, although this extension of its powers is certainly unnecessary, to say the least of it, while the College of Surgeons exists in Lincoln's-inn Fields; while the Apothecaries' Hall of Dublin is making spasmodic efforts to retain the power of licensing in medicine, of which it appears to us they cannot be either legally or morally deprived. These questions have been settled, or postponed, or got rid of, in various ways; in some cases, the Council makes no objection; in others, the Council ignores the claim; in others, the Council can offer no opinion.

In our last Number we alluded to the extraordinary position taken up by the London College of Surgeons in opposing the recommendations made by the Medical Council, in which body the College has three representatives — namely, Mr. Arnott, the representative of the College Council, Mr. Green, the President of the Medical Council, and Mr. Lawrence, one of the representatives chosen by the Crown. It would be idle to ignore the fact that Mr. Green and Mr. Lawrence are the thick and thin supporters of the College tactics, and that they are ready on all occasions to uphold the interests of the College, even at the sacrifice of the welfare of all of the rest of the Profession. The Medical Council makes certain regulations for the improvement of Medical Education, including some very wholesome recommendations with regard to attainments in preliminary knowledge on the part of students, and the members of the College agree to those regulations and recommendations; and yet when the time comes for acting up to the measures which they themselves have helped to pass, they encourage their College in a contumacious spirit of resistance, and by a bare majority of *one*, they are able to defy the authority of the Council.

It now becomes a question whether the recommendations of the Medical Council have any legal validity; if they have, then it is clearly incompetent for any of the corporations to resist them; if they have not, the Medical Council itself might as well be abolished. The grand object of the Medical Act was to introduce something like uniformity into the system of Education and Examination for the Medical Profession, but this object can never be attained, if every licensing Board is allowed to take its own course. One of the great themes on which Medical Reformers were accustomed to dilate, was the discrepancy existing between the systems pursued by the different Examining Boards, and it was certainly hoped that a Medical Council would have the power of harmonising these systems at least to a certain limited degree. To amalgamate them altogether would be a hopeless task, nor would such a result, in our opinion, be desirable.

Before the passing of the Medical Act, the qualifications required of candidates, and the kind of examination passed, at the various examining Boards, were extremely different, and it would be a mere waste of words, and indeed a perversion of the truth, to represent them as being alike. The members of the two Houses of Parliament, the great part of the nobility, and a multitude of the general public, know no difference between a degree obtained at the University of A. or of B., or whether it has been obtained by examination or by purchase, and so long as a man possesses some legal qualification, it is indifferent to them whether he has passed one or two, or five or ten years, or no years at all in Medical study; whether he is a good classical scholar, and well versed in modern science, or whether he has not enough Latinity to translate the Latin in which, perhaps, his own diploma is written, and does not know enough of modern science to distinguish granite from chalk, or a blue-bell from a fox-glove. But the Profession has long been fully aware that the mode of study and examination enforced at some Medical Schools, and at certain examining Boards, is far superior to that required at others; and it needs no great experience of human nature to be aware that while the ambitious student will, by preference, select the most severe course of study, and the most stringent examination, yet that there are hundreds of others who will choose the cheapest and the easiest way of attaining the desired end.

Much of the evil in the present system of Medical education and examination arises unquestionably from the unequal and indeed unfair mode of remunerating Lecturers and Examiners. Both depend mainly upon the fees of students and candidates for Medical degrees and licences, and hence, looking at the constitution of mankind, men will too often be biassed by personal views in passing or rejecting candidates for examination. In cases where Lecturers or Professors in a College examine candidates in the same College for degrees, it is not likely that they will be stern judges of the attainments of their own pupils, and we may even pardon the Examiners of the College of Surgeons of England for endeavouring to retain their splendid emoluments for passing embryo surgeons. The University of London again can afford to act the part of Minos and Rhadamanthus with its candidates, seeing that the University has no Medical School, and its Examiners are paid by the State.

With all these discordant elements, the Medical Council has nothing whatever to do; but it has the power of preventing one body from outbidding another by a kind of Dutch auction, and selling its honours to the lowest bidders; and this task it appears to have attempted, but to have failed to accomplish.

Since the above was written we learn that the Medical Council has affirmed, by a large majority, that the Registered Licentiates of the Apothecaries Company in Dublin are

entitled to practise medicine in Great Britain and Ireland. The Council has also voted away large sums of money to all the parties engaged in the production of the forthcoming Pharmacopœia. Upwards of 2,000*l.* has thus been voted in addition to the large cost already incurred, so that we suppose the book is expected to be enormously remunerative. In these hard times, it cannot be alleged that the literary or scientific contributors to the Pharmacopœia have been illiberally treated.

SUMMARY OF THE WEEK.

A FEW MORE WORDS ABOUT THE MEDICAL COUNCIL.

Since our leading article was in type, and as we are going to press, we have received the printed Report of the last meetings of the Medical Council. These papers have been delayed in their transmission to us by accidental and unavoidable causes, the principal being the necessity of carefully correcting the proof-sheets containing the Reports of the Sub-Committees, which are of great length. Under these circumstances we have to state that some of the remarks (though not many) made in our leading article, might have been modified if we had received the papers earlier. As it is, we must leave the publication of the Reports until next week, but we may announce in the meantime that the Medical Council has suggested several important amendments in the Medical Act, calculated to remove many of the impediments which at present obstruct its operations. Among other amendments, it is proposed to place the business of the Chemist and Druggist under the supervision of the Act, and to make it compulsory on all persons who compound medicines to pass an examination in Pharmacy before entering upon their occupation. It is also proposed to amend the ambiguity of the 40th clause in the present Act, and to make the law against illegal practice much more clear and more stringent.

THE SARRACENIA PURPUREA IN SMALL-POX.

At the last meeting of the Epidemiological Society, Mr. Marson, the Resident Medical Officer of the Small-pox Hospital, read a paper "On the Effects of the Sarracenia Purpurea as a Remedy in Small-pox." The result of his observations was that the drug had no effect in arresting the progress of the disease, as all the cases in which it was employed were fatal. The cases were all avowedly of the worst description. Mr. Logie, of the Royal Horse Guards, was present, and confirmed the statement he had already made as to the efficacy of the root of the sarracenia; but all his cases were known to be modified by previous vaccination. Our own opinion is that the efficacy of the sarracenia purpurea in Small-pox is very doubtful, and we repeat the opinion we expressed last week, that Mr. Logie would have done better in laying his experience before the Profession, than in writing to a non-Medical journal, and raising hopes in the public mind of the discovery of a specific, the virtues of which have still to be tested. While on the subject of Small-pox, we call attention to the proceedings at the Thames Police Court, published at p. 325, where it will be perceived that two persons have been convicted under the compulsory Vaccination Act.

We have been requested to publish the following statement in reference to the NATIONAL MEDICAL REGISTRATION ASSOCIATION.

This Association, it will be remembered, was established by some leading members of the profession immediately after the passing of the Medical Act in 1858, to secure, as far as possible, the efficient operation of those clauses which it was expected would confer so much benefit upon the public and profession, by affording them protection against the unqualified and dishonest pretender. That this Association has rendered the profession important services there can be no question, and if it has not attained to all that was hoped and expected, it has been due to the utter failure of a certain clause of the Act referred to, and the means at its disposal, rather than to a want of effort on its part. The activity of the Vigilance Committee, and the terror it excited in the minds of evildoers at that time, cannot be forgotten. Prosecution after prosecution was undertaken, and manfully fought to the last, nor did it desist until it had demonstrated but too clearly the worthlessness of the 40th clause in particular. The Committee then memorialized the Medical Council to obtain from Parliament an amendment of this clause, but as yet to no purpose. Until, however, this clause is altered, the Association, as a prosecuting body, is powerless. But we regret to learn, that, owing to the member's subscriptions being very much in arrear, a debt of nearly 200*l.* properly incurred, is pressing very heavily on the Committee, and that their respected treasurer, J. Lavies, Esq., is really subject to personal annoyance on account of it. This ought not to be, and we wish to call the attention of all our readers to the fact. All members of the Association are beyond doubt legally liable for the debts of their Committee. There is, however, a higher feeling, and one that we feel sure will actuate them and the profession generally, and they will feel in honour bound to protect the pockets of those who have so generously bestowed their time and energies, as well as their money, in their service. Some members of the original Committee have determined to relieve their treasurer of the annoyance to which he is subject, and at a meeting held on Monday evening the following subscriptions were announced:—The Proprietors of 'The Lancet,' 5*l.* 5s.; William Fergusson, Esq., 2*l.* 2s.; Dr. George Webster, 2*l.* 2s.; John Erichsen, Esq., 2*l.* 2s.; John Propert, Esq., 2*l.* 2s.; Ernest Hart, Esq., 2*l.* 2s.; J. F. Clarke, Esq., 2*l.* 2s.; Dr. E. Kirby, 2*l.* 2s.; Dr. Hillier, 1*l.* 1s.; Jabez Hogg, Esq., 2*l.* 2s.; Dr. H. G. Wright, 2*l.* 2s.; Dr. Bradford, 2*l.* 2s.; William Adams, Esq., 2*l.* 2s.; N. H. Clifton, Esq., 2*l.* 2s.; Dr. Thane, 1*l.* 10s.; W. A. N. Cattlin, Esq., 2*l.* 2s.; Dr. J. B. Williams, 2*l.* 2s.; Sir J. Ranald Martin, 2*l.* 2s.; Dr. Theodore E. Ladd, 2*l.* 2s.; Dr. G. Pearse, 2*l.* 2s.; Charles Tunaley, Esq., 2*l.* 2s.; Dr. Thomas Ansell, 2*l.* 2s.; J. Mann, Esq., Charter House, 1*l.* 1s.; Dr. Graemann, Bloomsbury, 10s. 6d.; Dr Hemsley, Spring Gardens, 5s. Subscriptions should be sent direct to John Lavies, Esq., Great George street, Westminster; or to 'The Lancet' Office, in aid of the National Medical Registration Association Fund.

ELECTION OF COLLEGE COUNCILLORS.

The number of candidates for the three vacant seats in the Council of the College of Surgeons has been reduced to four, in addition to the two present Councillors who will offer themselves for re-election. Mr. Bishop, an old and esteemed member of the Council, has declined to allow himself to be put in nomination, although he has been requested to do so by a great number of his friends; and Mr. M'Whinnie has also withdrawn his name. The infusion of fresh blood into the Council will be of great service to the College itself, and to the whole Profession.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Professor HUXLEY continues his lectures on the "Structure and Development of the Vertebrate Skeleton," his present subject being the skull of fishes, and particularly the structure of those anomalous and apparently unsymmetrical skulls of the fishes comprised in the family of pleuronectidæ, as the turbots, flounders, and soles. Dr. C. B. RADCLIFFE continues his lectures on "Certain Diseases of the Brain and Nervous System," and now treats of the therapeutics of convulsion. His remarks on this subject are exceedingly interesting, although they are partly founded on theoretical grounds. He approves of oily and fatty matters as diet, in preference to lean meat; of gymnastic exercises; of cod-liver oil and phosphorous; he doubts the suitableness of belladonna in cases of epilepsy and other forms of chronic convulsive disorders, and suggests, but does not actually advise, the occasional employment of opium; he doubts the efficacy of zinc, strongly recommends the use of alcoholic stimulants, and

approves the occasional and moderate abstraction of blood in preventing certain consequences of convulsion. Mr. REDFERN DAVIES, who has been engaged for four months in the treatment of the wounded soldiers in America, contributes a paper on the "Treatment of Compound Fractures of the Thigh, from Gunshot Wounds," and describes an apparatus for the leg applicable to such cases. Dr. CAMERON writes on the "Treatment of Acute Hepatitis in its Suppurative Stage," and strongly recommends the early discharge of pus by tapping the liver, an operation, which, even if unsuccessful, does no harm, and may be the means of saving life. Dr. WILLIAM PRICE relates an "Extreme Case of Exostosis," in a lad of fifteen, in whom all kinds of treatment had been used without effect in removing the enormous bony growths.

THE 'MEDICAL TIMES AND GAZETTE.'

The number opens with a clinical lecture by Mr. F. LE GROS CLARK on some miscellaneous surgical cases occurring in St. Thomas's Hospital. One was a case of concussion of the spine, recovering without any active treatment; and another was a case of fracture and partial depression of the cranium, which did well without trephining. Dr. JAMES ARNOTT communicates a paper on an "Improved mode of using Refrigeration as an Anæsthetic and as a Remedy," the improvement consisting in the employment of a metallic body, cooled in a freezing mixture, or a thin metallic bottle, made of tinned iron or aluminium, and completely filled with the frigorific mixture, instead of the immediate application of the freezing materials themselves to the skin. Dr. GEORGE JOHNSON contributes a paper on the "Use of the Laryngoscope," in which he describes the successive steps by which laryngoscopy has been brought to its present state, and he suggests some improvements in the use and application of the instrument.

THE 'BRITISH MEDICAL JOURNAL.'

The first communication is the conclusion of a lecture on "Capillary Bronchitis," by Dr. HYDE SALTER. He compares the condition of the lungs in this disease to that of the same organs in a drowned animal, the air in the bronchial tubes being mixed up with water. But surely Dr. Salter does not assert that the water in the lungs of drowned persons is the cause of death, for this is opposed to common experience, and even to post-mortem examinations. In speaking of the treatment, Dr. Salter adverts to the two opposite plans which might have been employed in his case of capillary bronchitis, namely administration of alcohol, and the abstraction of blood, and he argues very judiciously that neither plan would in all probability have proved successful. Dr. WILLIAM BUDD, of Clifton, contributes an additional note on the "Occurrence of Malignant Pustule in England," and relates five cases, all of which were fatal. He considers that this disease is caused by the absorption of diseased animal matter by an abraded surface. Mr. PAUL BELCHER relates a case of "Bright's Disease, combined with Puerperal Eclampsia." The case was treated during life by bleeding, but without any good effect, and after death, it was found that both kidneys were diseased, especially the left, which was atrophied, lobulated, and granular; and on microscopical examination neither tubes nor Malpighian corpuscles could be recognised. Mr. Belcher very justly remarks that bleeding could not be expected to prove beneficial in such a case. Dr. W. H. DAY contributes some notes on "Croup," and relates the particulars of five cases, two of which were fatal. They were all treated on the antiphlogistic plan, but it appears to us that the writer has not sufficiently distinguished between the cases of inflammatory affection of the tracheal mucous membrane, and those of the formation of false membrane, such as is found in diphtheria. The diphtheritic membrane is not coagulable lymph, and antiphlogistic treatment in this form of disease is certainly unwise.

NOTES OF CASES IN MIDWIFERY PRACTICE.

By W. WHITELAW, M.D., L.F.P.S.G., Kirkintilloch.

I. The following case illustrates what Dr. Rigby, in his *System of Midwifery*, correctly designates "Gastro-enteric Puerperal Mania," and also affords proof of Dr. Gooch's remark in his essay on "Disorders of the Mind in Lying-in Women," that cerebral excitement does not necessarily depend on inflammation or congestion.

On the 27th October last I delivered Mrs. S. of a healthy male child. The labour was natural, being but slightly retarded by hardened fæces in the rectum. The mother did well till the evening of the 30th, when her husband called on me and said that she was either insane or dying. On arriving at the house I found the patient in bed, surrounded by her relatives, to whom she was giving minute directions regarding the disposal of her baby, and the burial of her own body, a frequent interjection in her conversation being, "You know I'm dead." She had a weak variable pulse, and foul tongue, while the eyes and skin were of a dirty yellow colour. The face was not flushed, and the skin generally was of an ordinary temperature. The breasts were large and soft, and I was informed that the lochial discharge had not ceased. The nurse also said that the bowels had not been moved since the birth, an ounce of castor oil which had been prescribed on the second day, and another dose which the nurse had administered, having both failed to operate. This, with the absence of inflammatory symptoms, determined the diagnosis, and I at once advised a large dose of jalap powder, and after enjoining quietness in the apartment, I left. Next morning the patient was in her right mind, and rather ashamed of the preceding evening's delusion, about which the attendant had told her. The bowels had moved thrice, the ejecta being, in the nurse's vernacular, "black and no ordinary." A rhubarb aperient was then prescribed, and the patient got on well without further bad symptoms.

II. Labour retarded by external protrusion of the unruptured membranes.

On 3rd May last I was summoned at one a.m. to visit Mrs. C., in labour since two o'clock of the preceding day, and attended by a midwife. The midwife informed me that something uncommon had come away, which she did not understand. On approaching the bed I found the object causing alarm to be the prolongation of the amniotic membranes external to the vagina, and lying on the bed like a huge Florence flask or an oriental water-bottle. Ascertaining by examination that the head presented, I ruptured the membranes, and after considerable discharge of liquor amnii, the pains became more powerful and lasting, the child being born in twenty minutes. The placenta followed almost immediately. The cord, eighteen inches long, was twice round the neck of the infant, which was irrecoverably asphyxiated.

Every stillborn mature child that I have delivered had been strangled by the cord, regarding which condition accoucheurs have often no accurate knowledge till too late.

PAPULO-VESICULAR ERUPTION FROM THE USE OF MORPHIA.

By G. DE GORREGNEZ GRIFFITH, M.R.C.S. Eng., L.M. Dublin.

Member of the Surgical Society of Ireland, and of the Dublin Obstetrical Society, House Surgeon London Surgical Home.

A few days previously I was called in to see the sister of Mrs. L., and finding her labouring under pectoral affection, I ordered her sol. morph. muriat. to be taken in the usual doses for allaying the irritation of the cough. Mrs. L. having subsequently become affected with a "cold in her chest," and seeing the benefit accruing from the morph., had my prescription renewed for herself, and took the medicine so frequently—her sister had taken it but every fourth and sixth hour—as to induce excessive drowsiness, "falling asleep, even while she was speaking;" on the evening of the day in which she thus took the medicine, she was attacked with vomiting, and was soon covered with this rash; that beginning on the face spread itself over the entire body, quickly extending from the face to the neck, trunk, and lower extremities.

Fearing an invasion of small-pox, the friends summoned me next day, and their fears were allayed by my assuring them that the eruption was occasioned by the morphia. So strongly did it resemble measles, at least in having the crescentic arrangement, that it had been pronounced such by another medical man. I need scarcely add that the discontinuance of the cause—the morphia—was followed by a speedy resolution of the effect, the seeming Exanthem—and that next day there was little trace of the eruption. Had I not previously seen opium produce the same or similar effects, I too should have been puzzled.

May 28, 1863.

REVIEW OF BOOKS.

On Rupture, Inguinal, Crural, and Umbilical; the Anatomy, Pathology, Diagnosis, Cause and Prevention; with New Methods of effecting a Radical and Permanent Cure. By John Wood, F.R.C.S., Eng., Demonstrator of Anatomy at King's College, London, Assistant-Surgeon to King's College Hospital. pp. 326, London. 1863.

The great prevalence of rupture, and the disabilities it entails, especially among the working classes, have induced Mr. Wood to devise a new plan for the radical cure of this complaint, and after carefully studying the subject for several years and submitting his mode of treatment to the test of experience, he now presents the results to the Profession. He observes, in his introduction, that rupture is not a disease that is directly or necessarily fatal, and that by care and the use of a truss, it may be reduced to a mere inconvenience; and hence that many eminent surgeons have not thought it justifiable to induce a patient to undergo an operation which may cause pain and even endanger life, in the uncertain hope of a permanent cure. But Mr. Wood argues that rupture, as a disease, is on the increase, and that among the labouring, military, and naval classes, it renders men incapable for the effectual performance of their duties, and may place their lives in jeopardy under circumstances, when surgical help is not available. Experience has shewn that this result cannot be effectually guarded against by the use of trusses, which often fail when they are most required, or cause needless trouble and expense.

With respect to the dangers incurred by wounding the peritoneum, Mr. Wood believes them to be exaggerated, for that hundreds of operations, implicating that membrane when in a healthy state, have been performed without any bad effects, and he thinks that the apprehension of danger arises from the circumstance that wounds of the peritoneum in a state of disease or inflammation have sometimes taken an unfavourable course, as, for instance, in strangulated hernia, or in operations exposing the membrane extensively to external influences. Again, Mr. Wood observes, that before we can obtain a proper light from statistics on the dangers of the operation for the radical cure, we must compare the total number of deaths in cases where this has been attempted with those from strangulation and other fatal consequences of rupture, and the proportions of each to the total number of hernia cases. Rupture, moreover, is a very troublesome disease in itself, rendering the patient's life uncomfortable, making him comparatively unfit for bodily exertion, and not unfrequently miserable, and exposing himself, and often a family, if in the lower ranks of life, to the perils of destitution. Mr. Wood also argues that varicose veins, hæmorrhoids, stricture, and prolapsus of the uterus and rectum, although not entailing so severe a disability as rupture, or so often dangerous to the life of the patient, are almost universally considered as fit subjects for operations with a view to a radical cure, yet fatal casualties are not uncommon, while failures are certainly as frequent. Such are the general arguments on which Mr. Wood founds his opinion of the necessity of a radical cure for this very common and troublesome affection.

The most important features of Mr. Wood's book on Rupture are, 1st. The application of a new principle in the radical cure of the complaint viz., that of uniting the walls and sides of the tendinous aperture through which the rupture escapes, so as to close up the abdominal walls as well as obliterating the cavity of the sac. This he effects in various ways, according to the size and peculiarities of he case.

In large cases, the scrotal fascia, but not the skin, is invaginated, and the walls of the inguinal canal approximated by the use of wire sutures applied subcutaneously by means of a peculiar curved needle in two or more places, according to the width of the opening. In small cases, and in those of children, congenital or otherwise, the closure is effected without invagination or any incision of the skin, by the use of a pair of rectangular pins, such as the author uses for varicose veins. These traversing the pillars and sides of the canal and sac are locked into each other and turned on their axis so as to twist up the sac and walls, thus causing union of the parts so involved. Out of sixty cases treated by the above methods (the details of which are given in the appendix to the volume), forty-two have resulted successfully, and many of the rest were very large cases, which were undertaken more with a view of relief, and to enable a truss to be effective, than with the hope of perfect success. In the great majority of the cases, serious symptoms have been altogether absent, one death only has resulted in the author's practice, and this was from pyæmia (a disease to which any operation is subject), three weeks after the operation. In none of the cases has the condition of the rupture been rendered worse by the operation, but nearly always improved. The total result of the cases shows that the greatest success is attainable in the young subject, in whom the progress of development after the operation aids in rendering the parts firm and safe, but of ten cases treated by the rectangular pins, only two have been unsuccessful. The symptoms after this operation are quite trivial.

The author has also applied the principles of his operation to the cure of crural hernia, but inasmuch as this is far less common, and more frequently affects the female, and, moreover, implicates parts which present many anatomical dangers and difficulties, he considers that operative interference is called for only in exceptional cases. For extreme cases of umbilical hernia, resisting the treatment by pressure, the author describes the operation which he has several times carried out successfully upon the living subject.

In the several sections on trusses, the author describes and figures many trusses for each of the varieties of rupture, which have been devised by himself upon an entirely new principle—viz., that of flat pressing upon the sides and pillars of the ring instead of in the axis of the hernial canal as effected by convex truss pads. The latter method effects always a degree of invagination of the integuments into the hernial opening, which tends to enlarge, instead of closing up, the aperture.

This principle he has carried out in the contruction of a ring pad for congenital umbilical hernia, which tends to close up the sides of the hernial opening. He has also made public a new truss for difficult cases of inguinal rupture upon the principle of a double or twin pad pressing respectively upon the sides of the opening, and each acted upon independently by a double side spring, like that for a double rupture. The truss pad for oblique inguinal rupture is of an oblique horseshoe shape for ordinary cases, made simply of boxwood; for others, of a disc of metal, acted upon by a peculiar combination of lever and double spring. That for direct hernia is simply an ovoid ring varied like the former. The truss pad for crural hernia is also peculiar in shape, with a flat bearing surface upon the crural canal, where the most effective pressure is called for.

The sections on the anatomy, pathology, and diagnosis of hernia are studiously amplified with a view to the better understanding of the parts in reference to the treatment for a radical cure, and without reference to the complications, such as inflammation and strangulation, which require a distinct line of treatment. The remarks upon the different conformations of hernial subjects, and upon the different varieties of the hernial sac, have been carefully deduced from extensive observation and research, and constitute one of the most original features of the volume.

The book comprises the Jacksonian prize essay for 1861 "On the Radical Cure of Inguinal Hernia," but includes also the crural and umbilical forms with their anatomy and pathology.

We must remark, in conclusion, that the volume is very well got up, and the illustrations are numerous and admirably executed, so that by their aid, the reader cannot fail to understand the anatomy of the parts concerned, and the various steps of the different operations which Mr. Wood has devised. The subject is a novel one, and the operations are on their trial, but we do no more than justice to Mr. Wood in recommending his very thougtful pages to the careful attention of the surgical Profession.

The Urine in Health and Disease; being an Exposition of the Composition of the Urine, and of the Pathology and Treatment of Urinary and Renal Disorders. By Arthur Hill Hassall, M.D., Senior Physician to the Royal Free Hospital. Second Edition. Pp. 416. London: 1863.

The first edition of this work was comprised in some 70 or 80 pages, and to it, at the time of its publication, some exception was taken; that work, was, however designedly of an imperfect character, its object being to convey in as small a compass, and in as few words as possible, a simple explanation of the subject of Urinary Pathology, and to this brevity, doubtless, some of what were conceived to be its imperfections were to be assigned. Yet that the purpose of that work was a good one appears to be proved by the fact that within a very short period the edition was exhausted.

The present edition is really a new and distinct work, and one of which we are enabled to express our cordial approbation; it really, in the words of the author, "embraces within a moderate compass all, or nearly all, that is known and of value in relation to the composition of the urine, and the pathology and treatment of urinary and renal disorders."

It is very clearly written, and although abounding in facts, is concise; the arrangement of the matter is equally good, and serves greatly to enhance its value as a book of reference. First, the history of the substance is treated of; then its chemistry and microscopical characters, the methods whereby its amount is determined, the quantity excreted in health—next, its pathology—and lastly, the subject of treatment is fully discussed.

The chapters on uric acid, the urates, oxalic acid, the phosphates and on sugar, including diabetes, are particularly good. Unlike other works treating of the urine, Dr. Hassall's book contains a distinct section in which the pathology and treatment of the various forms of Bright's disease are fully described and considered. The chapter on the presence of mucus, pus, and blood in the urine, and on the diseases occasioning their presence in the renal secretion, such as crystitis and the different forms of pyelitis, are full of practical information, and the same remark is applicable to the observations on the medical origin of stone and stricture.

Interspersed through the text are numerous engravings; these are by far the most accurate and faithful illustrations of urinary deposits hitherto published, and they are particularly distinguished by the fact that, although engraved on wood, and placed amongst the letter-press, they are coloured by hand; this forms a new and pleasing feature of the book.

The work contains not only the most recent information relating to the composition and pathology of the urine, but also a large amount of original observation and research, in proof of which we refer to the author's investigation on the decomposition of urea, the composition of the urates, the development of the sugar fungus and other organic productions in urine, the discovery of crystallised phosphate of lime in the urine, of crystallised phosphate of magnesia (not the triple phosphate); the observations on the urine of cholera, and though last, not least, the singular discovery of indigo in the urine.

In conclusion, we may remark of Dr. Hassall's Treatise, that it is not a mere laboratory or chemical work, but is eminently practical, entering largely into the pathology and treatment of urinary affections and diseases, and that these subjects are very ably discussed.

The Progress of Ophthalmic Surgery from the Invention of the Ophthalmoscope (in 1851) up to the present time. Being an Oration delivered before the North London Medical Society. By John Zachariah Laurence, F.R.C.S., M.B. Lond., Surgeon to the Surrey Ophthalmic Hospital. Pp. 24. London. 1863.

This oration is a very able and interesting *résumé* of the progress of ophthalmic surgery, which, within the last twelve years has been rendered conspicuous, not only by many minor improvements, but by the brilliant invention of the ophthalmoscope, by Helmholtz, and the operation of irideotomy by Von Gräfe. To both these distinguished ophthalmologists, Mr. Laurence does full justice, recording not only the gradual steps which led to the successful development of their inventions, but the theoretical views on which the instrument is constructed, and the operation is performed. On the subject of cataract, Mr. Laurence speaks with approbation of an operation adapted to certain forms of the disease, and which consists in the extraction of the cataract by means of a spoon through an aperture in the cornea and the iris. The inflammatory diseases of the eye are not treated by Mr. Laurence, by mercury and depletion, but by sedative local applications and the administration of opium.

GENERAL CORRESPONDENCE.

VACCINATION AND RE-VACCINATION.

To the Editor of the Medical Circular.

SIR,—Small-pox, vaccination, and re-vaccination seem the all-absorbing topics of these times;—but, while the legislature is enacting laws for the prevention of small-pox, that scourge of mankind is outraging the laws of Nature. While Rome was on fire Nero was fiddling. We are about to have in Ireland a salutary and just law to compel vaccination and inspection afterwards, but it is one sadly wanting in a clause to entitle medical officers to select fresh reproduced vaccine lymph in return for what we give gratis, so that this fountain of life and health opened by us for the common good of mankind is liable to be closed against us. We are empowered to look at, but not to touch or take a portion of what we gave. As we live not for ourselves alone, but for each other, the letter of the law should be replete with that benevolent spirit, so that there could be no possible obstruction to so salutary a law as compulsory vaccination, inspection, and *selection* of fresh vaccine lymph, for the good of others, for laws are made, not for individuals, but for the community. Whatever apparent severity there may be in enforcing the transfusion of vaccine lymph, there can be none,—no risk of injury in resuming it for the good of others. A reference to the immortal Jenner's translation from that book of books—Nature, may now be seasonably made. He seems to be a light shining in darkness out of which he brought facts of the last importance to mankind. He asked Nature questions which she answered in the language of experimental fact, and which he translated and left us as a legacy of life and health for the preservation of the human race. I perceive that the writer of a letter in the 'Lancet' states:—"I venture to urge the propriety of frequently removing the virus direct from the cow, and I am not altogether satisfied but that this should be the only *vaccination*. I see much written about the impurity of lymph, and this impurity I am inclined to attribute to degeneration of the virus, consequent upon the custom of transmitting it through so many individuals of the same species." The writer seems not to know that the horse—not the cow—is the original source of the prophylactic lymph. In support of this statement, I would refer him to that original fountain of scientific light and of vital facts,—the book of Jenner—upon the subject. From this we learn that the horse, in a state of domesticity, is subject to a disease termed "Grease" in the heels, which Dr. Jenner thinks is the source of small-pox. This horse-disease, being transferred to the nipple of the cow, and from the cow to the human subject, is the infallible antidote to small-pox. Dr. Jenner refers to a "pustular disease occurring spontaneously on the nipples of the cow, which affects the milkers, but is perfectly distinct from that transferred from the horse, is no preventive of small-pox, and is wanting in the bluish or livid tint so conspicuous in the cow pustules." He also stated, page 34:—"We have seen that the virus of the horse, when it proves infectious to the human subject, is not to be relied on (against variola), but that the matter produced by it on the nipple of the cow is perfectly so." At page 45 he states:—"The active quality of the virus from the horse's heels is greatly increased after it has acted on the nipple of the cow." At 48:—"May it not then be reasonably conjectured that the source of the small-pox is morbid matter of a peculiar kind, generated by a disease in the horse, and accidental circumstances may have again and again arisen, still working new changes upon it until it has acquired the contagious form under which we see it making its devastations amongst us." I would venture to suggest it as a question of scientific interest, worthy of being tested by experimental fact on the ground that Dr. Jenner supposed the horse "grease" disease to be identical in source with the small-pox, that the small-pox virus be transferred from the human subject to the horse, thence to the cow, again to the human subject, and that its modifications or changes be accurately observed at every stage of its translation. It seems necessary to mention the four sources of spurious cow-pox set forth by Dr. Jenner, at page 72, for medical men are frequently mistaken upon the nature and appearance of this disease. Dr. Johnston, of Sligo, mentioned to me a case in point, that of a stable-helper who suffered from a malignant pustule on the hand, which was mistaken for farcy, and was about to be treated as such. He, however, viewed it correctly to be a horse-pox, according to Jenner, which terminated favourably, under simple treatment, in a few days. To resume, the sources of spurious cow-pox are:—

"1st. That arising from pustules on the nipples or udder of the cow, which pustules contain no specific virus.

"2nd. From matter (although originally possessing the specific virus) which has suffered a decomposition, either from putrefaction or from any other cause less obvious to the senses.

"3rd. From matter taken from an ulcer in an advanced stage, which ulcer arose from a true cow-pock.

"4th. From matter produced on the human skin from contact with some peculiar morbid matter generated by a horse."

The foregoing important statements are taken from Jenner's work which was dedicated to the King in 1799. The alarming spread of small-pox in London for the last few months may be quickly perceived and easily accounted for from these sources of deception. The threatening appearance of small-pox in several districts of England and Ireland can only be guarded against by prompt, select, arm-to-arm revaccination of all as the only safeguard against spurious cow-pock and small-pox.

In consequence of the question "The dubious origin of small-pox" being a debateable one just now before the French Academy, I ventured to recall the few foregoing sentiments of Jenner from the tomb of oblivion, and submit them to the cradle of the rising generation, as his words on regenerative vaccination—the only bulwark we can rely upon against the great pestilential scourge of these times.

Yours, &c.,

Sligo, June 4. J. TUCKER.

POOR-LAW MEDICAL REFORM.

To the Editor of the Medical Circular.

SIR.—Permit me again to trespass on the pages of your journal, to inform the Poor-law Medical Officers, that since my last communication with them, I have employed much time in superintending and directing the preparation of an extensive series of tables, placing side by side the number of parishes, area in statute acres, population, number of medical officers and their salaries at different periods, also the amount of extra medical fees, and in a final column the total medical expenditure, the dates commencing in the year 1842 and terminating in 1861. The evidence accompanying this will, I trust, convince the most sceptical of the justice of our complaint, and the incorrectness of some of the material points in Mr. Cane's statement last session.

This evidence I intend to lay before the Select Committee as soon as it shall be re-appointed. I have, however, been informed through the medium of a Member of Parliament "That the delay in the re-apointment of the Committee, arises from pressure of business at the Board, owing to distress in the north, and that a continuance bill for the year is likely to be brought in." In this I trust my informant may be mistaken, as it is not long since I had a letter in reply to one I addressed to the Right Hon. C. P. Villiers, promising me "a communication as soon as the appointment is made," which leads me to believe that it was then at least intended to move the re-appointment of the Committee, but as it is possible that even when they meet it may only be for the purpose of drawing up a report, and not to receive further evidence, I think it most desirable to be prepared for that event, and put into print a part at least of

the evidence I have drawn up, in order that the Committee may be in possession of certain facts, and come prepared to recommend to Parliament resolutions which will tend to improve the system of Medical relief to the poor.

The great drawback in placing my evidence in the printer's hands is the want of money, as I have already expended about 25*l.* more than I have received. It must, therefore, now rest with the Poor-law Medical Officers themselves, whether I am to proceed or stand still. I believe we have arrived very near the termination of our up-hill labours, and I therefore advise that we should go on and crown the summit of the hill—the old adage, "faint heart never won fair lady," is not inapplicable to our case. No great cause has ever been carried in the House of Commons without much trouble and some expense, and as ours is a great cause, involving annually the welfare of one million and a quarter of the sick poor of this kingdom, I do trust my medical friends will not shrink from a little further exertion. I am aware it is considered by many a hopeless task to fight against a public Board, but I feel convinced that we have only to prove the soundness of the views we advocate to insure the present President of the Poor-law Board following in the footsteps of the Right Hon. T. Sotheron Estcourt, and aiding in the reform so much needed. Since the commencement of the present year, I have received but 19*l.* 10s., and part of this is from gentlemen unconnected with Union practice, a sum but little over the cost of the postage of the last issue of circulars sent to the 3,073 Poor-law Medical Officers. I trust I have but to name the circumstance of the want of money to arouse my friends to the very little exertion required to place a few shilling's-worth of stamps in a letter, and forwarding them to me. Yours, &c.,

RICHARD GRIFFIN.

[The rest of Mr. Griffin's letter is on a personal subject, and will be found in our advertising columns.]

GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

MINUTES OF MEETING, FRIDAY, MAY 29.

The minutes of the last meeting were read and confirmed.

The Finance Committee presented their report, from which it appeared the income of the Council for 1862 was 4661*l.*; the expenditure, 4822*l.* The estimated income for 1863, 4793*l.*; estimated expenditure, 4183*l.*

The committee also append the following statement of the actual and prospective expense of the publication of the Register, under the reduced charge for printing, and the arrangement that 2000 copies in sheets are to be purchased for circulation by her Majesty's Government.

750 copies of the Medical Register for 1862 cost .				£439	5	7
Total receipts for sale of ditto				85	2	0
Loss in 1862				£354	3	7
750 copies of the Medical Register for 1863, under the new estimate (*see* General Minutes, No. 38, p. 2, and No. 42, p. 5, and Executive Committee Minutes, No. 37, p. 2,) cost				£325	15	10
2000 copies in sheets to be circulated by Government .				168	0	0
				£493	15	10
Probable produce by sale of the Medical Register for 1863, say	£80	0	0			
By sale of 2000 to the Government . .	250	0	0			
				330	0	0
Loss in 1863				£163	15	10
In future years the cost of 2500 copies of the Medical Register will be about				£475	0	0
And the produce of the sale about				330	0	0
Leaving a deficiency of about . .				£145	0	0

On the motion of Dr. Embleton, the Council resolved itself into a Committee on Education.

Dr. Embleton laid before the Council a corrected tabular statement, showing the conformity or non-conformity of the regulations of the bodies in Schedule A, with the recommendations of the Medical Council, and the reasons for non-conformity given by the respective bodies.

This statement contains a list of all the examining bodies, and it shows that the great majority of them have conformed to the recommendations of the Council. The Royal College of Surgeons of England does not conform, and its example is followed by the Royal Colleges of Surgeons of Edinburgh and Ireland, the Royal College of Physicians of Edinburgh, the Faculty of Physicians and Surgeons of Glasgow, and a few others.

Moved by Dr. Embleton, seconded by Dr. Stokes, and agreed to, —"That the corrected tabular statement, showing the conformity or non-conformity of the regulations of the bodies in Schedule A with the recommendations of the Medical Council, be received and printed in the Minutes."

Moved by Dr. Andrew Wood, and seconded by Mr. Syme,—"That inasmuch as the regulations of the Royal College of Surgeons of England do not require the commencement of medical study to be at a medical school, they are not in accordance with the recommendations of the Medical Council, and are not such as to secure the possession of the requisite knowledge and skill for the efficient practice of surgery."

The debate on this motion was adjourned.

MINUTES OF MEETING, SATURDAY, MAY 30.

Moved by Dr. Alexander Wood, seconded by Dr. Fleming, and agreed to,—"That, whereas the Poor-law Commissioners of Ireland require that every candidate for medical employment under them shall produce a licence in Midwifery, in addition to licences in Medicine and Surgery, it be remitted to a committee to consider whether such a requirement is legal, and whether the Council should take any steps in regard to it."

A committee was appointed.

The adjourned debate was resumed on Dr. Andrew Wood's motion, viz.:—"That, inasmuch as the regulations of the Royal College of Surgeons of England do not require the commencement of medical study to be at a medical school, they are not in accordance with the recommendations of the Medical Council, and not such as to secure the possession of the requisite knowledge and skill for the efficient practice of surgery.

First amendment.—Moved by Dr. Apjohn, and seconded by Dr. A. Smith,—"That this Council do submit a case to her Majesty's Attorney-General and Solicitor-General, with the view of ascertaining whether, under the provisions of the Medical Act, this Council possesses the power of issuing regulations in relation to the general and professional education of medical students, the enforcement of which will be mandatory upon the different licensing bodies enumerated in Schedule A of said Act.

Second amendment.—Moved by Mr. Hargrave, seconded by Dr. Corrigan,—"That the second recommendation of the Report on Education be reconsidered, viz.:—That the time of commencing professional studies shall be understood to be the time of commencing studies at a medical school, and that no qualifying body be held to have complied with the recommendation of the Council, which shall allow the examination in general education to be passed after the commencement of professional study."

Question put to the vote and carried,—"That the original motion be amended."

Dr. Andrew Wood required the majority and minority to be entered on the Minutes.

Majority.—Mr. Arnott, Mr. Cooper, Dr. Ackland, Dr. Bond, Dr. Embleton, Dr. A Smith, Mr. Hargrave, Dr. Apjohn, Dr. Corrigan, Mr. Lawrence, Mr. Teale, Dr. Stokes.

Minority.—Dr. Storrar, Dr. Alexander Wood, Dr. Andrew Wood, Dr. Fleming, Mr. Syme, Dr. Thomson, Dr. Leet, Sir C. Hastings, Dr. Sharpey, Dr. Christison.

Second amendment put, and negatived.

Dr. Andrew Wood required that the majority and minority be entered on the Minutes.

Majority.—Dr. Storrar, Dr. Alexander Wood, Dr. Andrew Wood, Dr. Fleming, Mr. Syme, Dr. Thomson, Dr. Leet, Dr. Apjohn, Sir Charles Hastings, Dr. Sharpey, Mr. Teale, Dr. Stokes.

Minority.—Mr. Arnott, Mr. Cooper, Dr. Acland, Dr. Bond, Dr. Embleton, Dr. A Smith, Mr. Hargrave, Dr. Corrigan, Mr. Lawrence, Dr. Christison.

First amendment put, and negatived.

Dr. Andrew Wood required that the majority and minority be entered on the Minutes.

Majority.—Dr. Embleton, Dr. Storrar, Dr. Alexander Wood, Dr. Andrew Wood, Dr. Fleming, Mr. Syme, Dr. Thomson, Mr. Hargrave, Dr. Leet, Dr. Corrigan, Sir Charles Hastings, Dr. Sharpey, Dr. Christison.

Minority.—Mr. Arnott, Dr. Acland, Dr. Bond, Dr. A. Smith, Dr. Apjohn, Mr. Lawrence, Mr. Teale, Dr. Stokes.

The original motion was then put, and negatived.

Dr. Andrew Wood required that the majority and minority be entered on the Minutes.

Majority.—Mr. Arnott, Mr. Cooper, Dr. Acland, Dr. Bond, Dr. Embleton, Dr. A Smith, Mr. Hargrave, Dr. Corrigan, Mr. Lawrence, Mr. Teale, Dr. Stokes.

Minority.—Dr. Storrar, Dr. Alex. Wood, Dr. Andrew Wood, Dr. Fleming, Mr. Syme, Dr. Thomson, Dr. Leet, Sir Charles Hastings, Dr. Sharpey, Dr. Christison.

Moved by Mr. Teale, seconded by Dr. Stokes, and agreed to, —"That the Medical Council, whilst appreciating the great value of the practical opportunities afforded to the student who is a pupil of a regular member of the profession holding the appointment of

surgeon to an hospital, general dispensary, or union workhouse; and whilst considering that a year spent in such pupilage might be regarded as one of the four years of professional study recommended by the Council, is of opinion that such year of pupilage, apart from the practical and systematic study of the elementary and ancillary sciences of medicine, should not be conducted during the first year, but at some period during the subsequent years of professional study."

Moved by Dr. Andrew Wood, and seconded by Dr. Embleton, —"That all students pass an examination in general education, if possible, before they commence their professional studies.—That students may in particular cases be registered for the first time who have passed only a part of their examination in general education, but that that examination must in all cases have been completed previously to the commencement of the second winter session."

Motion negatived.

MINUTES OF MEETING, MONDAY, JUNE 1, 1883.

The whole of this day was occupied by the reading of Reports on the Publication and Distribution of the Registrar: on Amendments of the Medical Act: on matters relating to the new Pharmacopœia; on the Recognition of certain foreign or colonial degrees in examinations: on Special claims to Registration: on returns from the Licensing Bodies: and in discussing other important subjects. We are compelled to postpone the publication of these reports, or of abstracts of them, until another opportunity. Ed. 'Medical Circular.'

MINUTES OF MEETING, TUESDAY, JUNE 2, 1863.

1. The adjourned Debate was resumed, on the motion of Dr. Leet; seconded by Mr. Syme, viz.:—"That this Council is of opinion that Registered Licentiates of the Apothecaries' Company of Dublin are as Apothecaries, entitled to practise Medicine in Great Britain and Ireland;"

And on the Amendment, Moved by Dr. Aquilla Smith, and Seconded by Dr. Corrigan, viz.:—"That the General Medical Council having already had before them the question referred to in the Memorial from the Apothecaries' Hall of Ireland on the several occasions, viz., 9th August, 1859; 19th of June, 1860; 4th July 1861; and 19th May, 1862, do not consider it expedient on their part to re-open the question.

"That conflicting legal opinions on the question have, at various times, come before the Council, and that the Register be directed to forward to the Director-General of the Army, for his information, the memorial of the Company of the Apothecaries' Hall of Dublin, with the legal opinions of—"The right Hon. Joseph Napier, Attorney-General for Ireland, March 27, 1845; "The Right Hon. Sir Richard Bethel, Attorney-General for England, Feb. 15, 1860; Mr. William Smith, June, 25, 1861; The Right. Hon. Thomas O'Hagan, Attorney-General for Ireland, and James A Lawson, Solicitor-General for Ireland, Feb. 11, 1863."

Amendment put, and Negatived.

Dr. A. Smith required the names of the Majority and Minority to be entered on the Minutes.

Majority.—Dr. Burrows, Dr. Bond, Dr. Embleton, Dr. Storrar, Dr. Alexander Wood, Dr. Fleming, Mr. Syme, Mr. Thomson, Mr. Hargrave, Dr. Leet, Sir Charles Hastings, Dr. Sharpey, Dr. Christison.

Minority.—Mr. Arnott, Dr. Andrew Wood, Dr. A. Smith, Dr. Apjohn, Dr. Corrigan, Mr. Lawrence, Mr. Teale, Dr. Stokes.

The Report of the Special Committee appointed by the General Council on 27th May, 1863, relative to the Pharmacopœia (see Minutes, No. 52, p. 14), was taken into consideration.

3. Moved by Dr. Christison; Seconded by Dr. Sharpey; and Agreed to: "That the sum of 94*l.* 10s. be voted to Dr. Apjohn, for Chemical Investigations connected with the Pharmacopœia."

4. Moved by Dr. Christison; Seconded by Dr. Sharpey; and Agreed to:—"That the sum of 154*l.* 7s. be voted to Dr. Douglas Maclagan, for Chemical Investigations connected with the Pharmacopœia."

5. Moved by Dr. Christison; seconded by Sir Charles Hastings; and Agreed to:—"That 150*l.* be voted to Dr. Garrod, as General Secretary of the Pharmacopœia, Committee, and Secretary to the London Sub-Committee; 100*l.* to Dr. Charles Wilson; and 100*l.* to Dr. Aquilla Smith, as Secretaries respectively of the Edinburgh and Dublin Sub-Committee."

6. Moved by Dr. Christison; Seconded by Dr. Acland; and Agreed to:—"That to the principal Editor in London, Dr. Farre, 75*l.* be voted, to be received when the Pharmacopœia is published; and that to each of the Edinburgh and Dublin Editors, Dr. Maclagan and Dr. Neligan, 50*l.* be voted, to be received when the Pharmacopœia is published."

7. Moved by Mr. Syme; Seconded by Mr. Hargrave:—"That 500*l.* be voted to each of the Sub-Committees for preparing the Pharmacopœia, as a Honorarium for their time and services, the Sub-Committees being respectively:

London Pharmaceutical Sub-Committee.—Dr. Watson, Sir James Clark, Dr. Farre, Dr. Garrod, Mr. Green, Mr. Nussey, Mr. Squire.

Edinburgh Pharmaceutical Sub-Committee.—Dr. Christison, Dr. Begbie, Dr. Sellar, Dr. Wilson, Dr. Sanders, Dr. Maclagan, Dr. Andrew Wood, Mr. Syme, Mr. Macfarlane. Afterwards, on his death, Mr. Gardner, Mr. Robertson.

Dublin Pharmaceutical Sub-Committee.—Dr. Apjohn, Dr. A. Smith Dr. Williams, Dr. Neligan, Dr. Barker, Dr. Leet."

Amendment Moved by Dr. Andrew Wood; and Seconded by Dr. Leet:—"That the payments to the Sub-Committees, on account of the Pharmacopœia, be delayed till next Session of the Council, when the Pharmacopœia shall have been published, and the Council shall be enabled to form a correct judgment as to the money they may be able to vote as a Honorarian to them."

The amendment was put and negatived.

The Motion was then put, and agreed to:

Dr. Andrew Wood required that the names of the Majority and Minority be entered on the Minutes.

Majority.—Mr. Arnott, Mr. Cooper, Dr. Acland, Dr. Bond, Dr. Storrar, Dr. Fleming, Mr. Syme, Dr. A. Smith, Mr. Hargrave, Dr. Apjohn, Dr. Corrigan, Dr. Sharpey, Mr. Teale, Dr. Stokes.

Minority.—Dr. Embleton, Dr. Alexander Wood, Dr. Andrew Wood, Dr. Leet.

Confirmed—JOSEPH HENRY GREEN.

MINUTES OF MEETING, WEDNESDAY, JUNE 3, 1863.

Mr. Green, President, took the Chair, at Two o'clock P.M.

The consideration of the Report of the Special Pharmacopœia Committee was resumed.

Moved by Dr. Christison; seconded by Dr. Andrew Wood, and agreed to:—"That the proposed price of the Pharmacopœia, viz. 7s. 6d. for the Large, and 5s. for the Small Edition, be submitted, according to the Provisions of the Act of Parliament, to the Commissioners of the Treasury."

Moved by Mr. Teale; Seconded by Dr. Smith; and agreed to:—"That Dr. Christison be requested to prepare and publish an explanatory statement of the forthcoming Pharmacopœia, showing its composition, the principles of its construction, the changes introduced, and the necessity under which the Members of the several branches of the Medical Profession will lie of making themselves acquainted with the British Pharmacopœia, in place of the Pharmacopœias which it is to supersede."

Moved by Dr. Sharpey, seconded by Dr. Christison and agreed to,—"That it be an instruction to the Executive Committee to watch the progress of the Bill on Weights and Measures, now before Parliament, and in the event of its passing the Second Reading, to take such steps, by Petition in the name of the Council, or otherwise, as may seem to them best calculated to prevent the enactment of any Statutory Restriction, or Obligation affecting the use of Weights and Measures in Pharmacy, unless with such Provisions as shall obviate the risk of its inconvenient or premature enforcement."

Moved by Dr. Alexander Wood, seconded by Dr. Leet, and agreed to,—"That the Registrar be directed to send annually, within one month after the Meeting of Council, to the various Bodies in Schedule (A), the names of those who, during the Meeting of the Council, have been struck off the Register by order of the Council, and to request the attention of each Body to Regulation 7, Chapter VIII., of the Standing Orders, which shall be altered as follows: "'That the Council recommend that any person whose name has been once removed from the Register shall not be admitted to Examination, for any new Qualification, without the consent of the General Medical Council.'"

Moved by Dr. Corrigan, seconded by Dr. A. Smith, and agreed to,—"That the Registrar be requested to apply to the several Licensing Bodies mentioned in Schedule (A) to the Medical Act, for copies of the Charters or Acts of Parliament under which those Licensing Bodies issue Degrees or Licences, and possess or exercise any other powers in reference to Medicine, Surgery, Midwifery, or Pharmacy."

Moved by Dr. Corrigan, Seconded by Dr. A. Smith, and Agreed to,—"That it be an instruction to the Executive Committee to obtain returns of the regulations relative to Education and Examination from the several Licensing Bodies mentioned in Schedule (A); to ascertain in what particulars the regulations of any of those Bodies may differ from the Recommendations of the General Medical Council; to request from those Corporate Bodies, whose regulations so differ, such observations or explanations as they may deem fit to offer; and to submit the correspondence, with their report thereon, to the next Meeting of the General Council."

Moved by Dr. Stokes; seconded by Mr. Syme, and agreed to,—"That looking at the various Curricula of Professional Education enforced by the Licensing Bodies enumerated in Schedule (A) to the Medical Act, the Council are of opinion that the Number of Courses of Lectures required to be attended, might be reduced with advantage, so as to give the Student a larger amount of time for self-education.

"That the overloading of the Curriculum of Education—whether as to the Number of Courses, or of Lectures in particular Courses, must be followed by results injurious to the Student."

Moved by Mr. Syme, seconded by Dr. Christison; and agreed to, —"That the Medical Council resolve to take into consideration at the next Meeting, the propriety of recommending a reduction in the number of courses of lectures which the regulations of the various Licensing Boards at present render obligatory.

"That, with a view of facilitating the consideration of this subject, the General Council request to be favoured with the opinion of the Bodies in Schedule (A), on the possibility and propriety of this before next Meeting."

Moved by Mr. Teale, seconded by Mr. Hargrave, and agreed to, —"That the Council recommend to the various Licensing Bodies, named in Schedule (A) of the Medical Act, the consideration of the *ad-eundem* principle in the granting of Degrees and Licences, with a view to the reduction of the number of examinations on the same subject, which the Student is now frequently obliged to undergo, in order to obtain a plurality of Qualifications."

Moved by Dr. A. Smith, seconded by Dr. Corrigan, and agreed to,—"That the Executive Committee be authorised to protect the copyright of the 'British Pharmacopœia,' which is vested in the General Council."

Moved by Dr. Corrigan, seconded by Mr. Syme, and agreed to,—"That the Executive Committee be requested to direct their attention, and take such steps as may appear advisable to them, towards obtaining from Government a suitable place of meeting for the General Council."

Several motions of a routine character were afterwards made and agreed to, after which the Council adjourned.

LEGAL INTELLIGENCE.

CONVICTIONS UNDER THE COMPULSORY VACCINATION ACT.

Thames Police Office.—Alfred Harrild, a mechanic, of No. 23 Joshua street, St. Leonard's road, Bromley, and William Hart, a waterman, of Phœbe street, Poplar, appeared before Mr. Woolrych, to answer summonses taken out by Mr. Jeffreys and Mr. Foster, relieving officers of the Poplar Union, for refusing to take, or cause to be taken, three children to a medical officer or practitioner for the purpose of being vaccinated.

Mr. Le Breton, a barrister, conducted the prosecution, and stated that the guardians considered it their duty, for the safety of the public, to adopt these proceedings.

Mr. James Dunstan, vestry clerk and registrar of births in the parish of Bromley St. Leonard's, Middlesex, said that he was supplied with printed notices by the Registrar-General of Births, Marriages, and Deaths, and he had invariably given a copy of such notice to every parent or other person registering the birth of a child. The notice gave full particulars of the law relating to vaccination, the time at which children were to be vaccinated, the names and addresses of the public vaccinators, and the days and hours at which they vaccinated children. He registered the birth of George Harrild within six weeks after the event, and gave the mother of the child a vaccination paper and notice.

Mr. William Burdett Foster, relieving officer, said that a few weeks since a man, dwelling at No. 22 Joshua street, Poplar, had a severe attack of small-pox, and applied for relief and medicine. He made inquiries of the man, who said he caught the disease of the children of defendant, next door to him. He went to the house and saw the defendant's wife, who informed him that two of her children had recently died of small-pox, and that one still suffering from the disease was in a fair state of recovery. There were two others who had not been afflicted with the disease. Those children had been vaccinated. The other three had not been vaccinated either by the public vaccinator or by the defendant's own medical practitioner. The defendant's wife admitted that when she registered the children George and Julia she received the usual printed notice from Mr. Dunstan.

The defendant, in reply to the charge, said the first person in his family who had the small-pox was his wife, and he did not hold with vaccination.

Mr. Woolrych.—The defendant must, I think, be satisfied of the utility of vaccination. His two children who had been vaccinated were not attacked with small-pox. The three who had not been vaccinated caught the complaint and two of them died.

The defendant.—Yes: that is true, but still my wife don't agree with vaccination.

Mr. Woolrych.—The law says it must be done, and you and your wife cannot be allowed to set yourselves above the law.

Mr. Le Breton said that in the parish in which he lived, containing 20,000 inhabitants, every child was vaccinated, and many adults. There was not a single spontaneous case of small-pox in that parish, and no deaths. The principal object of this prosecution was to convince parents that they must have their children vaccinated within three months after birth, and to remind them that if it was not done they were liable to a heavy penalty.

Mr. Woolrych said this was a very proper prosecution. He fined the defendant 5s., which he paid. The second case against him was not proceeded with.

William Hart was next charged with a similar offence and it was proved by Mr. Capes, registrar of births and deaths in Limehouse, that the defendant's child Edward was born on the 8th of July, 1858, and registered on the 19th of August in the same year. The child had never been vaccinated.

The defendant admitted the charge against him, and said the child had had small-pox, and was now running about in good health.

Mr. Jeffreys, relieving officer of Poplar, said two of the defendant's children who were not vaccinated were attacked with small-pox. They had a very severe attack. Two other children of the defendant's who had been vaccinated slept in the same room as the sick children, and escaped the disease.

The defendant.—Yes; that is all true.

Mr. Woolrych said the defendant must now be convinced of the utility of vaccination. He fined him in the mitigated penalty of 3s. only, which was paid.

Births, Marriages, and Deaths.

BIRTHS.

Adams.—On the 25th ult., at Lanark, the wife of Dr. A. Maxwell Adams, 2nd Royal Lanark Militia, of a son.

Green.—On the 24th ult., at Kilmacthomas, co. Waterford, the wife of Dr. Green, of a daughter.

Irving.—On the 28th ult., Edinburgh, the wife of Dr. James Irving, H.M.'s Bengal Army, of a son.

Hadden.—On the 25th ult., at Clonakilty, co. Cork, the wife of H. R. Hadden, M.D., of a son.

Lade.—On the 25th ult., at King's Lynn, the wife of G. Lade, M.D., of a daughter.

Phillips.—On the 21st ult., at Minster, Thanet, the wife of George Griffith Phillips, M.R.C.S.E., of a daughter.

Sequeira.—On the 30th ult., at Jewry street, Aldgate, the wife of H. L. Sequeira, M.R.C.S.E., of a son.

Trew.—On the 26th ult., at Apsley Guise, Bedfordshire, the wife of T. N. Trew, M.D., of a daughter.

MARRIAGES.

Davis—Mackenzie.—April 21, at St. Mathias church, Madras, Wm. Farquhar Davis, M.D., Assist.-Surg. H.M.'s Madras Army, to Annie Margaret, youngest daughter of the late Donald Mackenzie, Esq.

Fraser—Muirhead.—On the 28th ult., at Blackheath, D. A. Campbell Fraser, M.D., Surgeon to the Forces, to Gertrude Margaret Zelie, youngest daughter of the late H. R. Du V. Grossett Muirhead, Esq., of Bredishelm, Lanarkshire.

Nutt—Fussell.—On the 28th ult., at the Abbey church, Sherborne, Horace Nutt, M.R.C.S.E., of Church hill house, Stalbridge, Dorsetshire, to Susan, only daughter of Ernest Fussell, Esq., of Sherborne.

DEATHS.

Angus.—On the 31st ult., at Huntingdon, Alex. Angus, M.R.C.S.E., of Frith street, Soho square, aged 58.

Beere.—On the 21st ult., W. H. Beere, M.R.C.S.E., of Banbury, Oxfordshire, aged 32.

Bracken.—On the 24th ult., at Ballymahon, co. Longford, Isaac Bracken, F.R.C.S.I.

Barnett.—On the 30th ult., at Fore street, Limehouse, L. H. Barnett, L.S.A., aged 35.

Darley.—On the 30th ult., at Kildare street, Dublin, Henry Darley, M.D.

Elliott.—On the passage to Madras, John Elliott, Staff Assist.-Surg. Army.

White.—On the 27th ult., at Galway, Dr. T. A. White.

MEDICAL NEWS.

Railway Travelling.—Dr. Waller Lewis, the medical officer of the London Post-office, states in his report just issued that he has arrived at these conclusions from observations of the health of the travelling officers of the Post-office,—That railway travelling has little, if any, injurious effect on the healthy, strong, well-built persons, if the amount be not excessive and if they take moderate care of themselves: but that persons who take to habitual railway travelling after the age of 25 or 30 are more easily affected than those who begin earlier, and that the more advanced in age a traveller is, the more easily is he affected by this sort of locomotion. Weak, tall, loosely-knit persons, and those suffering under various affections, more especially of the head, heart, and lungs, are very unsuited for habitual railway travelling.

Accidental Death of Mr. Edmund Belfour, Jun.—Mr. Edmund Belfour, of grove-house, Putney, left his residence soon after 7 o'clock on Thursday morning for his usual pull on the river, using a light wager boat. After rowing for a short time, the boat

was observed suddenly to capsize. Assistance was immediately at hand, and on turning up the boat the water-men were greatly alarmed at finding it unoccupied. Drags were immediately procured, and strenuous exertions made to recover the body, but, up to 10 o'clock, without success. The deceased was the only son of Mr. Edmund Belfour, so long attached to the Royal College of Surgeons, and was only in his fortieth year when he met with this sad accident, which has cast a deep gloom over Putney, where he was greatly respected.

The Great Northern Hospital, King's Cross.—The Seventh Anniversary Festival in aid of the funds of the Great Northern Hospital will be held on Saturday next at the Albion Tavern. The Lord Mayor is announced to take the chair, supported by the Sheriffs, and a great number of influential gentlemen have consented to act as Stewards.

Royal College of Physicians of London.—The Harveian oration this year will be delivered by Dr. Sutherland, on Friday, June, 26th at 4 o'clock.

Death of Mr. W. F. Skey.—We regret to announce the death of this promising young Surgeon, and amiable and accomplished man, from an overdose of chloroform accidentally inhaled for the relief of neuralgia.

Marsden Convalescent Hospital, South Shields.—In December last a house was taken at Marsden, on the sea-coast of Durham, capable of accommodating five patients, and opened to receive the convalescent cases from the Newcastle-upon-Tyne Infirmary. The necessity for and the good that might be done by an extended institution for the general public appeared so evident, that those interested in the undertaking took the range of buildings, consisting of three houses, which have been furnished and rendered capable of accommodating twenty patients at one time. On Tuesday, the 2nd instant, the institution was formally opened to the public, in addition to the infirmary patients, by the Lord Bishop of Durham, who was accompanied by the Venerable the Archdeacon of Durham, the Mayor of Newcastle-upon-Tyne, the leading medical men of Newcastle, and many ladies and gentlemen of the surrounding district who have taken part in this charitable undertaking.

Appointments.—W. Allingham, F.R.C.S.E., has been elected Surgeon to the Great Northern Hospital, vice P. C. Price, F.R.C.S.E., resigned.—J. Bayley, M.R.C.S.E., has been elected Medical Superintendent of the Salop and Montgomery Lunatic Asylum, Bicton, near Shrewsbury, vice R. Oliver, M.R.C.P.L., deceased.—J. Borland, M.D., has been re-elected Parochial Medical Officer for Kilmarnock. —A. E. Boulton, L.S.A., has been appointed House-Physician to King's College Hospital.—J. Brookes has been appointed Dispenser to the Wrexham Infirmary and General Dispensary.—W. G. Clapperton has been appointed Dispenser to the Stockport Infirmary, vice Simpson, whose appointment has expired.—W. Colles, F.R.C.S.I., has been elected President of the Royal College of Surgeons, Ireland, for the ensuing year.—J. Conolly has, after the usual examination, been elected Student in Medicine at Gonville and Caius College, Cambridge, on Mr. Tancred's foundation.—P. M. Cullinan, M.D., has been appointed Justice of the Peace for the County of Clare.—E. S. Earle, F.R.C.S.E., has been elected Honorary Surgeon of the Western General Dispensary, Marylebone road.—W. Gandy, M.R.C.S.E., has been appointed House-Physician to the Westminster Hospital, vice A. W. Edis, M.B., whose term of office has expired.—G. D. Gibb, M.D., has been appointed Assistant-Physician to Westminster Hospital, vice Dr. Latham, resigned.—J. P. Hentsch has been appointed Dispenser to the Royal South London Dispensary, St. George's cross, Southwark, vice W. N. Curtis, resigned.—E. Holland, M.D., has been elected Medical Officer and Public Vaccinator for District No. 1 of the Westbourne Union, Hants, vice G. B. Wadsworth, M.R.C.S.E., resigned.—A. C. Horridge, M.R.C.S.E., has been appointed House-Surgeon to the Westminster Hospital, vice A. Beadles, M.R.C.S.E., whose term of office has expired.—M. T. Masters, M.D., has been elected a Member of the Council of the Linnæan Society.—W. W. Moore, M.D., has been elected one of the Honorary Physicians to the Brighton and Hove Dispensary, vice C. I. Beard, M.B., resigned.—G. C. P. Murray, M.D., has been appointed Physician-Accoucheur to the Great Northern Hospital, vice J. Hall Davis, M.D., appointed to a similar office at the Middlesex Hospital.—W. Murray, M.D., Demonstrator of Anatomy in the University of Durham, has been appointed Physician to the Dispensary, Newcastle-on-Tyne, vice G. Robinson, M.D., resigned.—W. Parker, L.F.P. & S. Glas., has been appointed Medical Officer of Health for Bermondsey, vice J. Challice, M.D., deceased.—S. R. Skinner, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for District No. 4 of the Wimborne Union, Dorsetshire, vice T. B. W. Potts, M.D., resigned.—J. Smyly, F.R.C.S.I., has been elected Vice-President of the Royal College of Surgeons, Ireland, for the ensuing year.—L. Thomas, L.R.C.P.L., has been elected Assistant Medical Superintendent of the Devon County Lunatic Asylum, Axminster, vice W. G. Coombs, M.D., resigned.—T. Thompson, M.D., has been elected a Member of the Council of the Linnæan Society.—E. Toller, M.R.C.S.E., Resident Medical Superintendent of St. Luke's Hospital, London, has been elected Medical Superintendent of the Gloucester County Lunatic Asylum, Wotton, near Gloucester, vice W. W. Williams, M.D., resigned.—C. E. Underhill has, after the usual examination, been elected Student in Medicine at Gonville and Caius College, Cambridge, on Mr. Tancred's foundation.—G C. Wallich, M.D., has been elected a Member of the Council of the Linnæan Society.—W. W. Williams, M.D., has been appointed Consulting Physician to the Gloucester County Lunatic Asylum on resigning as Medical Superintendent.

APPOINTMENTS FOR THE WEEK.

Wednesday, June 10.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.

Thursday, June 11.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m. Recto-Vaginal Fistula and Prolapsus Uteri; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Ansted, "On Geology;" Royal College of Surgeons of England, 4 p.m.—Prof. Gulliver, "On the Blood, Chyle, and Lymph."

Friday, June 12.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Royal Institution, 8 p.m.—Prof. Tyndall, "An Account of some Researches on Radiant Heat."

Saturday, June 13.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, 1 p.m.; Royal Institution, 3 p.m.—Professor William Thompson, "On Electric Telegraphy;" Royal College of Surgeons of England, 4 p.m.—Professor Gulliver, "On the Blood, Chyle, and Lymph;" Metropolitan Free Hospital, 1½ p.m.

Monday, June 15.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.

Tuesday, June 16.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

We must again apologise to many of our Contributors and Correspondents for the postponement of their papers in consequence of the length of our Report of the Proceedings of the Medical Council. Among the Contributions which are thus necessarily delayed are Cases of Pelvic Abscess, by Dr. Nesfield; on Iridectomy, by Mr. Vose Solomon; on the Symptoms, Pathology, and Treatment of Diseases of the Heart, by Dr. Semple; and Reviews of Bencke on the Biliary Constituents in Animal and Vegetable Organisms, of Dr. Harley, on Jaundice, of Dr. Thudichum on Gall-Stones, and several others.

Veritas.—The answer to the question must depend upon the nature of the agreement. If the party referred to, agreed "neither to reside nor practise within ten miles" and he *does* reside within that distance, he has clearly broken his agreement.

Mr. Richard Griffin will receive a private note.

Dr. J. Tucker's letter has been inserted.

Dr. O. G. is thanked for his communication.

The Society of Arts.—The card has been received.

Mr. G. de Gorregnez Griffith's second communication has been received.

Mr. Robert Hamilton's Memoir of Dr. Power, of Dublin, shall be inserted next week, if possible.

A Medical Student's letter has been received.

The Card of the St. Mary's Hospital Medical School reached us too late to be made available.

Mr. Jabez Hogg's request shall be complied with.

Dr. C. W. H. S. Pullen.—It appears from a statement written by Dr. Tasker Evans, the Medical attendant of the late Sir Culling Eardley, that the deceased baronet did unfortunately die from the effects of revaccination, which operation was performed with success upon all Sir Culling's establishment, eighteen in number, but in his own case led to erysipelas, pyæmia, and death.

Mr. J. D. Hill.—Received and attended to.

PARISIAN MEDICAL NEWS.

SCIENTIFIC MISCELLANEA.

Extension of the Head of the Fœtus with the Fingers inserted into the Rectum.—During the passage of the child's head in natural labour, various causes may interfere with its evolution and retard delivery. The most frequent of all occurs in primiparæ, and consists in rigidity of the perineum. Dr. Van Bambeke, a witness of the good results induced by the method adopted by Dr. Dupont de D'huy, proposes in a paper communicated to the Medical Society of Ghent, to substitute, in order to facilitate the extraction of the head, for the incisions of the soft parts, tractions on the chin, or the use of Camper's lever,—the introduction into the rectum of one or two fingers, with which the orbits, the arch of the upper jaw, or the chin can be brought down, by gentle effort,—the distension of the anterior wall of the intestine allowing these regions to be readily discriminated.

"By this manipulation," says the author, "the first impulse is imparted towards extension of the head which is afterwards spontaneously concluded; I also invite attention to this point that, in most cases, the operator can withdraw his fingers and support the perineum before the descent of the head is completely effected; and even if the head were too rapidly expelled to admit of the surgeon's hand being removed for that purpose, no injury would probably ensue, extensive laceration being far more frequently occasioned during the passage of the shoulders, than during the evolution of the head. I am further justified in asserting that in this method, the head being raised towards the pubes, the laceration of the perineum is to a great extent obviated, and its perils diminished.

"Baudelocque has, it is true, objected to the apparent impropriety of the procedure; I may be allowed to remark, however, that on account of the great distension of the organs, the patient is unaware of the introduction of the fingers into the rectum, and even were it otherwise, the plan proposed would surely not be more improper than examination per anum, which is every day performed for the purpose of ascertaining the presence, in doubtful cases of pregnancy, of tumours, or for the rectification of the retroverted uterus."

In his report on this point of practical midwifery, Mr. Willems jun. approves of the method, and declares it deserving of confidence, and calculated to render considerable service.

Efficacy of Shampooing in certain affections of the Muscular System, and especially in Lumbago.—We invite the attention of our readers to the inaugural thesis of Dr. Estradère, now consulting physician at the baths of Bagnères-de-Luchon. (*a.*) This paper expatiates on the benefits derivable from shampooing, and enters into minute particulars as to the mode of application of this procedure in the various cases in which it may be required.

Amongst other affections the author mentions *sprains*, which we have reverted to on several occasions, *Œdema neo-natorum, anasarca, morbid obesity, simple and synovial cysts, atheromatous tumours of the scalp, slight contusions, spasmodic contractions* and *muscular luxations* in which shampooing is described as most efficacious.

Whatever be the correct theory of lumbago or torticollis, "shampooing," says Bonnet, of Lyons, "is the treatment universally adopted."

Dr. Estradère adduces in illustration various cases, one of which was recorded in 1837 by Martin sen., of Lyons. The patient, Dr. A. Petit, an eminent practitioner of that city, had appointed eleven o'clock on a certain day, to meet Dr. Martin in consultation, and at 9 o'clock, sent an apology, in which he stated that he was confined to his bed by a severe attack of lumbago. Dr. Martin at once called on Dr. Petit, and offered to give him immediate relief, a proposal which, of course, was thankfully accepted.

"I placed the patient in an appropriate attitude," says Dr. Martin, "and in the course of *five minutes*, I succeeded in relaxing the partially and irregularly contracted muscular fibres and in restoring full liberty of movement. Dr. Petit dressed, and was enabled to accompany me to the house of our common patient."

On another occasion, Dr. Martin relieved, *in ten minutes*, a man of a lumbago which had kept him confined for a week, and for which an *Officier de Santé* had prescribed two large blisters. As this gentleman declared himself entirely incredulous of the good effects of shampooing, Dr. Martin slily caused the patient to call on him at once in order to return the now useless vesicant plasters.

In lumbago, all the muscular structures, from the neck to the sacrum, must be well rubbed, softly at first, and in a gradually more vigorous manner, with the hand, brush or hair-glove. The frictions should be performed in every direction, vertically, obliquely, and spirally; digital pressure should be applied to every spot, and the operation be concluded by percussion with the hand or a wooden pallet. The patient should then perform the different movements of the spine, which are seldom painful when shampooing has been thoroughly performed.

Fistula in Ano, of Long Standing, cured by injections of Tincture of Iodine.—Tincture of iodine has, it is true, been often used in the treatment of fistula; but in publishing the following case in the *Journal de Médecine de Toulouse*, the author, Dr. L. Desclaux, chiefly endeavours to show that the remedy may produce the best effects, not in simple cases only, but in tracts of the most complete and sinuous character, however long may have been their duration.

Mr. J., aged forty-eight, had for twelve years been affected with a puriform, chocolate-coloured discharge from the anus. The secretion, at first unimportant in quantity, required but trifling attention, but had of late become copious and extremely offensive. On examination, Mr. Desclaux discovered two apertures situated, the first at an inch, and the other at about four lines on the right side of the anal orifice. From both tracts uninterruptedly oozed a puriform sanies mixed with excrementitious matter. A slender probe was inserted into each sinus, to a depth of fifteen lines, and both penetrated simultaneously into the rectum.

The exact condition of the parts having thus been clearly ascertained, and the patient resolutely declining to submit to the necessary operation, Mr. Desclaux prescribed the following injection:—

℞ Aq. destill., ℥ijss.;
Potass. iodid., gr. iv.;
Tinct. iodin., ʒv. M.

Mr. Desclaux describes his subsequent proceedings in the ensuing terms:—

"The forefinger of the left hand was inserted as deeply as possible into the rectum, in such a manner as to cover the internal orifice of the sinus, and prevent the injection from passing into the bowel. I then introduced into the external aperture of the tract the extremity of a small ivory syringe containing a large teaspoonful of the solution, and pushed in the instrument, so as to obstruct hermetically the passage and obviate the return of the fluid. The second sinus was then also carefully closed by an assistant, and I steadily propelled the tincture of iodine, all the outlets being accurately barred, in order to modify the parietes of the sinus and prepare them to undergo the adhesive process. The injection was thus included for four or five minutes within the fistula, no exit being allowed to it into the intestine or outwardly."

When the syringe was removed the liquid escaped, and the only dressing used was a compress moistened with the same solution.

The pain experienced was moderate, and entirely ceased after the operation, and the patient was enabled to attend to his usual business, a fact of some importance.

The injection was daily repeated for ten successive days, when it was discontinued for three days. The tract was then found not to exceed a quarter of an inch in depth, and to have assumed the aspect of a blind external fistula. Mr. Desclaux now resumed the use of the iodine in larger doses.

℞ Aq. dest., ℥ijss.;
Potass. iodid., gr. viij.;
Tinct. iodin., ℥j.

(*a.*) *The history, mode of application, physiological and therapeutic effects of Shampooing*, Roy. 8vo. pp. 168, A. Delahaye, Paris.

With this solution, four injections were performed at intervals of three days. The secretion gradually diminished, and a complete cure was effected on the twenty-fifth day.

This proceeding has often been found beneficial in recent and uncomplicated cases; its performance is easy, and no assistants or chloroform are required. Mr. Desclaux lays much stress on the necessity of keeping the liquid for several minutes in contact with the walls of the sinus.

Plugging of the Nostrils with a Broom or Willow-wand or a Whale-bone. — In cases of copious epistaxis, the surgeon may accidentally be unprovided with Bellocq's probe, or even with an India-rubber catheter, an efficient substitute proposed by Mr. Malgaigne. If neither of these appliances be at hand, Messrs. Hamon and Gressy recommend in the *Journal du Médecin de Campagne*, a new periodical edited by Dr. Pâris of Angoulême, a small broom or willow-rod.

Mr. Hamon cuts a few twigs from a willow-tree, selects one which he strips of its bark, and notches the extremity for the purpose of securing the thread; the instrument then receives an appropriate curve, and is introduced in the usual manner into the nostril. When it has reached the pharynx, the thread is seized with a forceps, the plug is attached, and the posterior aperture of the nares is closed with the utmost ease.

Where the willow-tree does not grow, the broom affords an excellent substitute, as will be found by the following case related by Dr. Gressy, of Carnac, (Morbihan.)

"While going my rounds, I was one day summoned in all haste," says the author, "to the assistance of a man who was bleeding copiously from the nose. I at once resorted to the house of the patient, and found him very pale and much exhausted. I determined on plugging the nasal fossæ, but found to my great annoyance, that I was unprovided with a catheter. I was in the unpleasant situation of a disarmed soldier, in presence of the enemy. I espied by chance a broom-brush (which on the sea-side in Brittany is to be found in every house,) and after removing a flexible stem, stripped off the bark, greased it, and inserted it into the nostril. I grasped its extremity in the pharynx, with a pair of scissors, and attached to it a long piece of thread with which I secured the plugs in the usual manner."

The utility of these simple appliances in similar contingencies, should not allow us to forget to mention whalebone, which can be extracted from a corset, or an old umbrella. Our subscribers will recollect (Art. 3293,) an interesting communication from Mr. Maeyer, of Antwerp, who used as a substitute for Bellocq's probe, a common whalebone of about one line in diameter; he heated this instrument and imparted to it the shape of the probe which it preserved without losing its elasticity. Dr. de Beys and Dr. Thys, friends of the author, ascertained on two occasions that plugging of the nostrils can be thus performed with perfect ease, especially when the whalebone is previously included in a female catheter, which greatly facilitates its introduction.

Influence of Acid Drinks and Vegetables on the Production of Diseases of the Urethra and Bladder. —At this time of the year, when vegetable diet is more likely to be indulged in, it may not be inopportune to notice the remarks suggested by consideration of the subject to Dr. Ch. Horion, formerly clinical clerk in the obstetrical wards of the University of Liege.(*a*)

In addition to the action of acid beverages on the muscular and nervous textures of the neck of the bladder, through the medium of the blood, an action demonstrated by Kuhn's experiments, these fluids also influence the urine, which acquires highly acid and irritating properties, and may induce local neuralgia, spasmodic contraction, retention of urine, urethritis, and even hæmorrhage. Amongst these liquids Mr. Charles Horion denounces *acid wines*, such as common white wine, Rhenish, Burgundy, sparkling Champagne, which according to Mr. Caudmont frequently causes in women a yellowish discharge of one or two days' duration. The wines of the environs of Paris (Argenteuil and Suresnes), of the Liege country (Huy, Liege); almost every kind of malt liquor, especially Bavarian beer, which is very liberally consumed at Liege; cider, lemonade, and perhaps even Seltzer water.

The author alludes to the description supplied by Dr. Ansiaux (of Jodoigne), in a paper often quoted by Mr. Caudmont, of the gonorrhœa consequent on the immoderate use of malt liquor. Mr. Ansiaux prescribes for the urethritis and spasmodic cystitis due to this cause, Bordeaux wine, which is not acid, and acts as a sedative of the neck of the bladder. A grain of salt introduced into the fossa navicularis is in Belgium a popular remedy for retention of urine consequent on the immoderate use of beer, and Mr. Charles Horion has frequently succeeded in effecting an immediate cure of this symptom, by exhibiting a wine-glassful of brandy to the patient; rum and highly alcoholic wines would doubtless be equally efficacious.

In illustration of the alleged injurious effects of beer, the author brings forward two cases, one of which is that of a shopman who, after drinking several glasses of Bavarian beer, took Burgundy wine, and was seized in the course of twenty-four hours with considerable pain in passing water. His condition was aggravated by fresh intemperance, and his sufferings became very intense, and were attended with slight hematuria. By the introduction of a bougie violent spasmodic contraction of the neck of the bladder was detected; copious diluent beverages were prescribed, together with baths, and turpentine and belladonna internally, without much relief, but the symptoms yielded at last after the introduction of several bougies.

In chronic neuralgia of the bladder and of its neck, occasioned by excessive indulgence in acid beverages, Mr. Caudmont recommends the use of such fluids to be discontinued, and prescribes a drachm of bi-carbonate of soda to be taken every day. He has thus succeeded in five days in removing troublesome symptoms which had lasted ten months.

Asparagus, water-cresses, sorrel, acid fruit, and especially *currants*, must be numbered amongst the vegetables and fruit calculated to impart irritating properties to the urine, and to induce pain, spasmodic action, and even inflammation. In Mr. Caudmont's wards the author observed two cases in which the injurious effects were distinctly traced to asparagus. In the first instance, the patient was liable to suffer from neuralgia of the neck of the bladder, and whenever he ventured upon the use of this vegetable, spasmodic irritation followed, and occasionally genuine retention of urine. The other subject was affected with deep-seated urethritis; he was advised to eat asparagus, which he did without stint, and the discharge became so copious that he was obliged to apply to Mr. Caudmont for relief. Mr. Bouchardat has also adduced an instance of gonorrhœa which occurred in a physician from this cause.

Water-cresses, sorrel, acid fruits, and *tomatas*, also give rise to spasm and neuralgia of the neck of the bladder. They should therefore, like asparagus, be indulged in in moderation, or entirely excluded from the diet of persons affected with any disturbance of the urinary passages.

Union of Wounds. A new Method of Suture.—The *Gazette des Hopitaux* relates a case of inguinal abscess, in which Dr. Legros, of Aubusson, after having reduced the size of the swelling by draining, opened the tumour, pared away the detached textures, and united the lips of the wound by a new procedure which he describes as follows:

"At some distance from, and parallel to the edges of the division, two slender pins were inserted beneath the epidermis, so superficially as to avoid interesting the derm. A waxed thread was then passed beneath the inferior pin, crossed over the wound, and secured to the second and superior pin, thus forming a twisted suture differing from that usually adopted but by the situation of the pins. The thread was greased in order to admit of the knot being loosened or tightened at will."

Mr. Legros conceives this plan to be possessed of many advantages:—

Very little pain is experienced by the patient;
The wound is not irritated by contact with the pins;
The edges are not liable to laceration;

(*a*) *Traits des Rétentions d'Urine*, one vol. 8vo, pp. 364. A. Delahaye, Paris.

The suture can be tightened without any difficulty, and without interfering with the wound;

The part can always be fully inspected.

When the wound is of considerable extent, several sutures may be applied.

We may conclude by a short description of Mr. Glover's *Telegraphic suture*, an account of which, derived from the *Lancet*, is to be found in the *Annales de la Société Médico-Chirurgicale de Liège*.

As its name implies, this suture is performed with a very slender brass wire, coated with gutta-percha, like the wire used for the electric telegraph. Mr. Erichsen has often had recourse to this plan in his wards at University College Hospital.

On the 22nd of October, 1862, this gentleman removed from the neck of a man in advanced years, a tumour of the size of an orange by a **T** incision. The wound was closed with the glover's suture, the telegraphic wire being used. A few days later, in a case of double hare-lip, the same surgeon employed with this kind of wire, the interrupted suture; in both cases, and in others on which it is needless to dwell, the results were most satisfactory. The new appliance is more easily tied than common metallic wire, and as readily knotted as common thread. It can be cut with scissors, its extraction presents no difficulty, and a common needle may be used.

PRESCRIPTIONS AND FORMULAS.

Medical Treatment of Cataract.—Dr. Emile Martin, has succeeded in effecting a complete cure, in one case only it is true, of incipient opacity of the crystalline lens by the combination of the following measures:—

1. In the morning, one tablespoonful of:

℞ Potassii. Iodid., ʒjss.
Syrup. Trefolii,
Syrup. Saponariæ, ā ʒv. M

2. Vichy-water at meals.
3. At night, application over the eye of a muslin bag filled with:—

℞ Calcis, ʒj.
Ammon. muriatis, ʒss.

4. To bathe the eye twice a week, during the day, with—

℞ Potassii Iodid., ʒss.
Aquæ, ʒiij.

5. To sniff twice or thrice each day a pinch of the following powder:—

℞ Betonicæ offic.
Asari,
Hellebori Virid, a ʒij.

6. Vegetable diet.
7. Every week, two tea-spoonfuls of calcined magnesia, as a gentle laxative.

The utility of these remedies, which would be utterly powerless in a case of confirmed cataract, ripe for operation, is suggested theoretically by the following experiment:

Let three saline solutions be prepared, the first *acid*, the second *neutral*, and the third *alkaline*, and the eye of an ox be immersed in each; in a few hours the eye placed in the acid solution will have become perfectly opaque, whereas the others preserve their transparency. Moreover, if the opaque lens is steeped in the alkaline liquid, it will recover its translucidity in the course of twenty-four hours.

These experiments naturally suggest the propriety of exhibiting alkaline remedies in incipient cataract.

Efficacy of Sesqui-chloride of Iron in Erysipelas of the Lids.—In erysipelas of the face, which is often connected with gastric derangement, the affection frequently extends to the eye-lids; but in other cases, the disease is entirely local, and may be consequent on some external injury such as the sting of a wasp, or bee, or the action of some irritating pomade or other substance. In all these cases Mr. Martin prescribes the application of the following solution, which checks the progress of the inflammation, and promotes resolution:

℞ Ferri. sesquichloridi, (30° areom.) ʒijss.
Aq. destill., ℥j.

To be applied with a brush every two hours.

Anti-Pedicular Ointment. — We also extract from Dr. E. Martin's work the formula of an ointment which he has used with unvarying success for the destruction of the lice which are frequently observed in the eye-brows of the careless inhabitants of the South of France, and occasion intolerable itching and often intense pain. The parts should be anointed night and morning with the following pomade:—

℞ Medull. bovis., ℥ij.
Ol. amygdal. dil., ʒij.
Balsam Peruviani, ʒj.

Heat in a water-bath for half-an-hour; strain, add:—

Ol. Ess. Valerianæ, ʒj.
—— Artem. Santonicæ, ʒss.

This pomade is less unpleasant than the ung. hydrarg. and may be applied over any part of the body.

Photophobia; Collyrium with the Bromide of Potassium. — Mr. Cambron, the house-surgeon attached to the wards of Prof. Rossignol, in the Hospital Saint-Pierre, in Brussels, has recently recorded in the *Presse Médicale Belge* six cases, which show the efficacy of the following collyrium for the relief of photophobia:

℞ Potassii Bromidi, ʒss.
Aq. destill. ij.

In Mr. Cambron's cases, the tenderness of the sight was connected with scrofulous ophthalmia, with inflammation produced by quick-lime, kerato-conjunctivitis, chronic iritis, and catarrhal conjunctivitis. The pain was removed in a period of time varying between thirty-six hours and five days.

Superiority of Vulcanised Caoutchouc over any other Substance for the Fabrication of Bougies. —Professor Nélaton has recently shown the superiority of vulcanised india-rubber for catheters and bougies over the instruments in common use made of tissue coated with oil mixed with litharge. The latter are rigid, liable to give rise to false passages, cause pain, and when permanently left in the urethra, exercise a degree of pressure which may induce mortification and perforation. In a few days, moreover, they are deteriorated by humidity. Vulcanised india-rubber sounds, on the contrary, are perfectly flexible and unchangeable. They are inserted with greater ease, and cause so little distress, that they may be preserved in the urethra during a journey without inconvenience. They are not affected by moisture, and one of these instruments which remained in the urethra twelve days, in one of Mr. Nélaton's cases, when withdrawn presented no sign of outward injury, and was as smooth as before its introduction.

Efficacy of Clay for the purpose of Checking Offensive Perspiration.—The fear of the evil effects of retrocession generally deters the practitioner from active treatment of this well known infirmity. Some four years since Mr. Gaffard recommended a pomade, the formula of which was reproduced in the present periodical. The *Scalpel* now informs us that Dr. Schreber of Leipzig has found in clay a simple and effective remedy for the moist and fetid secretions of certain parts of the surface of the body,

Softened in water, and cleared by sifting of the presence of stony particles, clay applied every morning in thin layers over the affected parts, when the skin is free from excoriation, entirely removes throughout the day all offensive odour, and obviates the formation of distressing ulceration. The remedial agent acts as a mechanical absorbent, and prevents the secretion from acquiring irritating properties.

Dr. Schreber remarks that the clay long remains soft, and when it falls into dust, does not interfere with the freedom of the movements.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

LECTURES
ON DISEASES OF THE EAR.

By James Yearsley, M.D.

(Continued from page 302.)

Catheterism of the Eustachian Passages, Concluded.

In concluding my notice of Catheterism of the Eustachian passages, I may observe that certain precautions are necessary to avoid all risk in the performance of the operation.

The frontlet bandage of Itard, or some other apparatus equally effective in fixing and steadying the catheter in the Eustachian tube, should never be omitted.

The ivory nozzle of the flexible tube should be rather loosely inserted in the socket of the catheter.

The escape of air should be gradual, never sudden, or in a forcible stream; nor should it ever be allowed to escape without the operator listening at the patient's ear for its exit from the catheter. For this purpose, I invariably use the stethescope.

The operation should never be proceeded with, if the point of the catheter causes the slightest pain or uneasiness when placed in the Eustachian passage.

Notwithstanding that accidents have arisen from the operation, it may be pronounced perfectly free from risk with these precautions, and ordinary dexterity in the operator. In the course of twenty-five years I have performed it many thousands of times, and never observed any ill consequences arising from it, and, inasmuch as the operation is indispensable in the diagnosis and treatment of deafness, it is fortunate that such recommendations as safety and efficiency attend upon its practice.

Catheterism of the Eustachian passages is recommended for a variety of purposes:—

1stly. For the exploration of the Eustachian passages and tympanic cavities, by which their healthy or diseased condition can be determined.

2ndly. For their de-obstruction, when filled with mucus, blood, or pus.

3rdly. For their dilatation, when contracted from the thickening of their sides, or impermeable from adhesion or stricture.

4thly. For the introduction of medicated vapours or fluids to restore the torpid auditory nerve, or to allay its morbid sensibility.

To these I would add another, and from my own experience I would say, the most productive of good—namely, the improvement of the condition of the mucous membrane.

My views as to the part played by the mucous membrane in the production of deafness, are well known. To the morbid state of this membrane, I ascribe nine-tenths of the cases of deafness, which come before the aural practitioner, and to its restoration to a state of health by the regular passage of a catheter over its surface, I can trace the relief to the hearing. The principle of treatment is analogous to the passage of bougies along the surface of the urethra in cases of gleet;—a more healthy action is set up, and the original morbid condition is superseded.

Great difference of opinion exists among aural surgeons as to the value of Catheterism, as it does on all other remedies employed in the treatment of diseases of the ear. With one it is deemed a panacea in every case—with another it is pooh-poohed. Every patient who visits the one will be catheterised—every patient who consults the latter will be *blistered*! I need not mention names for the fact is notorious. In criticising the various methods of treatment resorted to in aural surgery, I like to quote the opinions of some of my most renowned contemporaries, especially those of our old friend Wilde, who lays about him with his pen as if it were a shillelagh, in true Irish style, not caring a rush on whom his blows may fall.

"Kramer," he says, "speaks of pushing a catgut bougie introduced through the Eustachian tube *between the handle of the malleus and the incus.* People, are, however, beginning to find that this attempt—for I know in many cases it is only an attempt—to force solid or fluid substances into the cavity of the drum, is as ineffectual to remove deafness, as the almost indiscriminate excision of the tonsils—since preserved in pickle pots—recommended for a like purpose a few years ago, has proved to be."

This passage was penned in 1853. The blow aimed at myself for the mode of practice I have been so instrumental in popularising, I may smile at, and assuredly in no future edition will it be repeated. Excision of the tonsils was *never* practised, but excision of the exuberant growths of the tonsil was, and is now, far more than ever; not for deafness only but for the removal of a variety of ailments to which these enlargements give rise.

Diseased Conditions of the Mucous Membrane,—the Chief Cause of Deafness.

The affection of the mucous membrane, so productive of deafness, may occur at all ages, but happens most commonly in the periods of youth and middle age, especially to those whose occupations expose them to inclement weather. It commonly begins with a sense of fulness and increased heat about the fauces, aggravated by taking cold, and constituting in itself a great susceptibility to catarrhal complaints. There is an increased secretion of phlegm from the throat, which is chiefly troublesome in the morning. On looking into the throat it appears congested, and covered with blood-vessels, assuming arborescent shapes, and forming a striking contrast in colour with the pale mucous membrane of the cheeks and palate. When this state has existed some time, it extends to the nasal cavities and the guttural passages, producing a sensation of stuffing up both in the nose and ears, of course caused by the increased secretion of mucus and the thickening of the lining membrane. It is in this, the first or inflammatory stage, that deafness makes its appearance. During the first stage the affection of the throat is the most prominent symptom. The membrane investing the mouth of the Eustachian canal is in a tumid state; and the introduction of the catheter gives some pain, owing to the presence of sub-acute inflammation, and is more difficult to pass than at other times, because of the thickened condition of the mucous membrane. The air-douche is, however, the most valuable aid in making the investigation, and leading to a correct diagnosis. In the healthy state of the ear the mucous membrane is of very fine organization, secreting a thin mucus, which is either absorbed or carried off by the Eustachian tubes, so as never to accumulate to an injurious extent. The introduction of air into the tympanum, by the air-press and catheter, produces, when listened to by the stethoscope, a continued vesicular murmur, very similar to that heard in the chest in puerile respiration. When the disease of the mucous membrane has reached the ear, and during the stage of increased secretion, the application of the air-douche produces a loud mucous rhonchus or gurgle within the ear, the character of which accurately informs the listener of the comparative fluidity or tenacity of the mucous accumulation. It is in this stage of the disorder that catheterism is of the greatest service; the introduction of air breaking down the thick secretion, and occasioning its discharge from the Eustachian tubes, which, by admitting air freely into the tympanic [illegible] the hearing. But unless the treatment is persevered in, so [illegible] under the mucous membrane healthy, the secretion accumulates again in a few days, and brings a return of the deafness. The patient, also, when the air is thus obstructed, sometimes obtains a temporary relief by a dislodgement of the mucus, accompanied by a cracking sound or pop, which may take place either in yawning, sneezing, vomiting, blowing the nose violently, or some other sudden respiratory effort. After this state of increased secretion in the tympanum, Eustachian canal, and throat, has continued for some months, or it may be years, it gradually diminishes; the deafness, however, continuing, or even advancing in severity. When the throat of a patient, under these circumstances, is examined, nothing more than slight thickening or relaxation is perceptible. There is often an evident coldness of the mucous surface, palpable to the patient, and likewise to the touch of the surgeon. The same feeling of coldness, and even insensibility, extends into the ear. If the organ is now examined by the air-douche and stethoscope, a low vesicular murmur is alone heard, of a smoother character than the normal sound, without the least evidence of the presence of the natural moisture. Besides the physical proof of a dry, unhealthy state of the inner ear, the mucous membrane of the nasal cavities of the throat are found comparatively dry, and deprived of the nasal secretion. The external meatus also, the lining of which partakes of the nature both of skin and mucous membrane, is in the same arid state, being quite void of the ear-wax, which is either not secreted, or its moisture is so rapidly absorbed that it falls out of the ear like dust, and readily pulverises when rubbed between the fingers. The membrana tympani is seen shining at the bottom of the meatus like a thin lamina of ivory of an opalline colour instead of the transparency it possesses in the healthy state.

Sometimes tinnitus is present, but quite as often the patient loses this distressing symptom without any amelioration of the deafness. Singing in the ears may be present in any or all of the changes that take place, from the commencement to the permanently inactive state of the auditory organ; there is, however, I believe, no certain rule for its existence in these or any other forms of deafness.

In dyspeptic deafness a morbid condition of the throat, gradually affecting the ears, is generated, but of a less active kind than the similar affection from cold. It is surprising how large a proportion of the deaf refer to the stomach as the source of the aural malady; but, on a close examination of the early symptoms, they almost invariably remember a troublesome condition of the throat as constituting an intermediate train of symptoms between the stomach

and aural disorders. Unfortunately these cases rarely apply for assistance till the deafness has become confirmed; but if an opportunity is afforded of watching the progress of the ear affection, the same order in the symptoms is observed, and the same changes in the mucous membranes occur, as when cold is the exciting cause of disease.

It is interesting to find how exactly the results of a close study of aural disease accord with the plainest truths of the physiology of hearing. The important offices performed by the proper membranes of the ear are universally allowed. The healthy tension and vibratibility both of the membrana tympani and the inner membranes are absolutely necessary for the acute performance of the auditory function. Now these vibratile membranes, forming as they do the propagators of sound, are all intimately connected with the mucous membranes: the two lesser ones covering in the foramina leading to the labyrinth are invested with it on one side only; but the proper drum may be said to be enveloped by it on both sides; as besides the inner covering, the outer layer, formed of the cuticular lining of the auditory passage, resembles mucous membrane much more nearly than true skin, and disease is readily propagated from the membrane on one side of the drum to that on the other. The mucous layers of the vibrating membranes are necessary both for their protection and preservation in the moist state, which fits them to receive the undulations of sound. It has been shown by direct experiment, that moist animal membranes, arranged after the plan of the ear, are considerably more sensitive to sound than the same in a dried state; and this is further proved by the fact, that in many cases where there is a dryness of the membrana tympani without any serious disease of other parts, the deafness is relieved for the time by merely moistening the membrane with a little wet cotton wool.

Seeing then the important functions performed by these parts of the auditory apparatus, it is clear that deafness must be the result of the loss of their elasticity, and it is equally clear that disease of the investing mucous membranes to the extent that destroys this property, or increases or diminishes the natural secretion, must, in a structure of such delicate organization as the ear, seriously interfere with the discharge of its functions. Patients thus affected complain of having a film, as it were, spread over the organs, which is, in reality, the case; the sound seems to them to hang in the ears instead of passing on to impart the natural sensation to the clouded nerve.

(To be continued.)

REVIEW OF THE PERIODICALS.

'The Lancet.'

Dr. Graily Hewitt gives a Lecture on "Vaccination," in which he details the facts proving the efficacy of this operation as a preventive against Small-pox, and quotes largely from the papers published on this subject by Mr. Simon and Mr. Marson, and from the returns furnished by Drs. Seaton, Stevens, Sanderson, and Buchanan. The lecture is an able *résumé* of the questions bearing upon vaccination and re-vaccination, but as the results are in complete accordance with the views recently expressed in this Journal on several occasions, we think it unnecessary to describe them at length. It is sufficient to observe that Dr. Hewitt agrees with the majority of authorities as to the protective powers of vaccination, but thinks also that the protection may be worn out after a certain period, and that re-vaccination is generally advisable. Dr. J. C. Cameron continues his paper on the "Treatment of Acute Hepatitis in the Suppurative Stage," and records three cases of hepatic abscess, all of which were punctured and all terminated successfully. In two of the cases, the openings were left free, and the air was allowed constant access to the cavities, but no bad consequences ensued; in the third case, the opening was closed by the accidental slipping of the canula, but, contrary to anticipation, the cure was uninterrupted.

The 'Medical Times and Gazette.'

Professor Huxley, in continuation of his course, now describes the structure, development, and morphological relations of the skull; but as the publication of these lectures has been anticipated by the 'Lancet,' which has reported *verbatim* the Professor's discourses, and copied all his diagrams, the form of lectures is now abandoned and only their substance is preserved. The present subject, "The Structure of the Human Skull," is illustrated by some excellent wood-cuts, showing sections of the skull in various directions with a view to the description of its morphology. Dr. T. McCall Anderson continues his lectures on Eczema, and describes carefully the diagnosis between that disease and other cutaneous maladies, as erythema, scabies, pemphigus foliaceus, pityriasis rubra, lichen ruber, psoriasis, &c. Mr. Furneaux Jordan begins a series of Surgical Inquiries, his present paper being on "Ligature of the Common Carotid Artery as a Remedy for Progressing Compression of the Brain caused by Extravasation of Blood from Injury to the Head." Mr. Jordan shews that compression of the brain from extravasated blood is generally fatal, and that the operation of trephining is almost always unsuccessful in such cases; and he suggests that in the earlier stages, though not necessarily the earliest, the brain and the life of the patient may be saved by the application of a ligature to the common carotid. No cases are given in illustration, nor are we informed that the operation has yet been attempted in such critical circumstances; but Mr. Jordan's reasoning is very ingenious, and his suggestions deserve the attention of surgeons.

'The British Medical Journal.'

The number opens with some remarks on "Extremes in Practice," by Dr. Thomas Mayo. The object of the paper appears to be to deprecate the present indiscriminate repudiation of blood-letting, and to show that in many cases such a mode of depletion is still necessary. Pneumonia, for instance, is not cured by blood-letting, and it may prove fatal by excess of this measure; but, nevertheless, a moderate abstraction of blood early in the disease has sometimes the power of modifying favourably both its type and duration. Dr. Mayo adduces some cases to prove that a moderate and timely abstraction of blood has occasionally been attended with good results. Dr. T. Ogier Ward communicates a short paper on "Death after eating Raw Rice." The patient was a girl of 15, who, it appeared, was in the habit of eating a large quantity of raw rice, for the purpose of improving her complexion. After being a short time under treatment, she died presenting every symptom of acute phthisis. The case is by no means a clear one, and there is no evidence that the death was caused by the rice, but Dr. Ward believes that the practice of eating raw rice for the improvement of the complexion of young girls is prevalent, and he calls attention to the subject.

The Great Northern Hospital, King's Cross.—The Seventh Anniversary Festival, in aid of the funds of the Great Northern Hospital, was held on Saturday last at the Albion Tavern. In the unavoidable absence of the Lord Mayor, from indisposition, the chair was very adequately, filled by the Rev. Pelham Dale, who made an eloquent appeal on behalf of the Charity. The dinner was very well attended, and upwards of 300*l.* was subscribed. The negociations for the new site of the Hospital in the Caledonian Road, near the Cattle Market, are, it was stated, nearly completed.

Revenue from Opium.—Sir Charles Trevelyan, in his Indian budget, estimates that the duty on the opium crop of 1862-63 will produce a revenue of no less than 8,290,000*l.* sterling.

Appointments.—J. Christie, M.D., has been elected Medical Officer to the Aberdeen Dispensary, vice J. Galen, M.D., deceased; E. R. Harvey has had the degree of M.D. conferred upon him by the University of Oxford; J. R. Harvey, M.D., has been elected President of the Irish Medical Association for the ensuing year; W. Harvey, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for District No. 3 C of the Langport Union, Somersetshire, vice J. Dixon Adams, M.D., resigned; M. J. Jordan, L.K.Q.C.P.I., has been elected Medical Officer to the Castlebar Union Workhouse, County Mayo, vice J. Carter Barrett, M.R.C.S.E., resigned; H. Lakin, M.B., has been appointed Surgeon to the Lying-in Charity, and to the Corporation Schools, Sutton Coldfield, vice H. Sidney Chavasse, M.R.C.S.E., deceased; D. Little, M.D., has been appointed House-Surgeon and Secretary to the Eye Hospital, Manchester, vice Newbold Pickford, M.R.C.S.E., resigned; H. Monro has had the degree of M.D. conferred upon him by the University of Oxford; T. M. Rouse has been elected Junior House-Surgeon to the West London Hospital, vice C.A. Atkins, resigned; J. D. Swallow, M.D., has been appointed Surgeon to the Royal South London Dispensary, vice James N. Earle, M.R.C.S.E., resigned; J. R. Wolfe, M.D., has been elected Surgeon to the Aberdeen Ophthalmic Institution for Diseases of the Eye.

THE MEDICAL CIRCULAR.

WEDNESDAY, JUNE 17, 1863.

PROPOSED AMENDMENTS OF THE MEDICAL ACT.

The Medical Act of 1858 is admitted by all to be a most unsatisfactory and imperfect piece of legislation. Year after year was the subject of Medical Reform agitated in private and at public meetings, and the Houses of Parliament were every Session besieged by propositions to remedy the existing evils of the Profession. The result was that at last a measure was passed which gave satisfaction to one, but got rid of the question by appointing a *quasi* representative Medical Council, which should have the privilege of hearing the complaints of the Profession, without any power of redressing them. Many of the hopes entertained by the Medical Reformers were no doubt Utopian and fallacious, and perhaps the best advice to give to many of them would have been to reform themselves, inasmuch as a great number of the evils complained of were such as sprang from want of sufficiently good understanding towards one another, and were beyond the reach of Parliamentary legislation. It must in all fairness be admitted, that much of the social discomfort of the Profession arose from causes which its individual members had the power to remedy for themselves, such as the trading practices of some, the unworthy habit of undue competition in others, the want of union among their own body, and many other circumstances springing from a deficiency of organization and of self-respect. The Medical Act is very little else, in fact, than a Registration Act, and this is clearly set forth in the Preamble, where it states that "whereas it is expedient that persons requiring Medical aid should be enabled to distinguish qualified from unqualified practitioners. Be it therefore enacted, &c." The Act does little more than direct the compilation of a Register which shall contain a list of qualified persons, and thus exhibit to the public the difference between those who are by law entitled to practise and those who are not. But so imperfectly is the Act drawn up, that the public do not really possess this power of distinguishing qualified from unqualified practitioners; for registration, instead of being compulsory, is only permissive, and while those who are registered, are entitled to certain privileges, those who are not registered are liable to no punishments. The Act, indeed, specifies that all duly qualified persons shall be entitled to register, but on the other hand a person with a qualification may register or not, as he pleases, and he, in common with an unqualified person, may get patients if he can. The public, consequently, cannot at present distinguish qualified from unqualified practitioners by reference to the operation of the Act, because although those on the Register may be all qualified, many of those not on the Register may be qualified likewise, and entitled to practice; or they may be unqualified and practice securely, in spite of the Act.

This and other anomalies in the very limited sphere over which the Act has extended, have been felt by the Medical Council; and however we may censure the lukewarmness and indecision which appear to characterise their operations, we must recollect that they have no right to step beyond the limits of the Act itself, which they are appointed to administer. Harsh as some of our laws may appear, and obsolete as others may have become, the Judges and other persons placed in authority are not to blame if they confine their duties to the execution of existing enactments, and do not occupy themselves with devising new ones. Still the defects of the Medical Act are too glaring to escape notice, and we are happy to find that the Medical Council have proposed several important amendments. Whether these amendments will ever be adopted, we cannot foretel; but judging from the known composition of the two Houses of Parliament, we think the event very doubtful, at least in regard to some, if not all the propositions. At present we shall point out one or two of the most prominent defects in the present measure, and the amendments proposed by the Council; and it is the more incumbent upon us to do so, because, from the necessarily technical form of the language employed, it is not easy to discover, by a mere superficial perusal, the nature and importance of the changes recommended.

The present law enacts that "any person who shall wilfully and falsely pretend to be, or take or use the name or title of a Physician, Doctor of Medicine, and so forth, or any name, title, addition, or description, implying *that he is registered under this Act*, or *that he is recognised by law* as a Physician or Surgeon, &c., shall upon summary conviction, &c." Now it is evident that the offence is here made to consist, not in the person pretending to be a physician, surgeon, &c., but in pretending that he is registered under the Act, and that he is recognised by law. Hence such a person has only to plead that he is *not* registered under the Act, and that he does not pretend or desire to be so, and that he does not wish to be recognised by law, and he escapes with perfect impunity. The proposed amended clause, however is worded as follows: —"On and after the day of 186 it shall not be lawful for any person, *unless registered under this Act*, to pretend to be, or take, or use the name or title of Physician, Doctor of Medicine, &c., &c., or any other Medical or Surgical name or title, and any unregistered person so offending shall forfeit and pay, &c."

Another most important feature among the amendments proposed to be made, is the supervision over the Chemists and Druggists, and over the practice of Pharmacy in the United Kingdom. This is a novelty of so sweeping a nature, and beset with so many difficulties, that we are not surprised to learn that the Council are anything but unanimous on the subject. In fact, we believe that the proposal emanates from Ireland, and is founded upon the exceptional laws on the subject of Medicine and Pharmacy, which have hitherto exclusively prevailed in that part of the British Islands. In Ireland, the Dublin Apothecaries' Hall possesses the exclusive privilege of granting licences to persons to open shops for the compounding of Physicians' and Surgeons' prescriptions, and it is now proposed to make a similar rule to hold good in England and Scotland, prohibiting all persons from practising pharmacy except those who possess the licence of the Apothecaries' Hall of England or Ireland, or of the Pharmaceutical Society in England. It is unquestionably desirable to place the practice of pharmacy under certain restrictions; but we doubt very much whether the General Medical Council should extend its operations so far as to comprise the trade of pharmacy in the same category with Medicine and Surgery.

Another well-meant proposition is to prohibit or to limit the sale of quack medicines; but it is almost absurd to suppose that the Government will ever forego the lucrative revenue which is now derived from this extensive branch of trade, although it is true that quackery flourishes at the expense of the lives and the health of thousands of the community.

We invite the careful attention of our readers to the proposed amendments, an abstract of which we publish at p. 335, and we shall return to the subject on a future occasion.

SUMMARY OF THE WEEK.

THE FORTHCOMING ELECTION AT THE COLLEGE OF SURGEONS.

We mentioned last week that the number of new candidates for the three vacant seats in the Council of the College of Surgeons had been reduced to four, but at the period of our going to press, it had not been finally decided whether or not one or more of that number would withdraw, or whether any other candidate might still present himself. We may now state that the names of the four candidates in the order of their seniority, are Mr. Lane, Surgeon to St. Mary's Hospital; Mr. Busk, Surgeon to the *Dreadnought;* Mr. Curling, Surgeon to the London Hospital; and Mr. Hancock, Surgeon to the Charing Cross Hospital. Mr. Turner, of Manchester, has declined to come forward, owing to the pressing nature of his professional engagements. As we mentioned last week, two of the present councillors will offer themselves for re-election, so that if the mere routine system should prevail, there will be really only one vacancy and one new election; but without any disrespect being meant to those who have long held office in the College, we believe that it is the general opinion of the fellows that occasional changes are beneficial to the institution, and therefore we should not be surprised to find that three or at least two new councillors are elected. Some believe that Mr. Lane's chance of election is very great, while others, perhaps more knowing, think that Mr. Busk is secure under any circumstances; and the choice will lie between Mr. Curling and Mr. Hancock, for the third seat. We believe that Mr. Cæsar Hawkins, who has participated very largely in the Collegiate honours for a great number of years, will probably be replaced by one of the new candidates, but he will still retain his position in the Court of Examiners.

ST. THOMAS'S AND BETHLEHEM HOSPITALS.

The questions respecting these two hospitals, and the choice of a site for St. Thomas's, are not yet definitively settled, and it is said that the negotiations between the Governors of the respective institutions may possibly be again renewed. We cannot help thinking that some private or personal interests are at work somewhere in these prolonged discussions, and that the welfare of the poor patients is not the prominent object held in view. We hear that it is not unlikely the matter will be brought before the House of Commons, and it is known that the Commissioners in Lunacy are unfavourable to the continuance of Bethlehem Hospital on its present site. The Governors of Bethlehem are a very numerous and scattered body, and it is said that the recent decisions do not really represent the opinions of the majority. A great number of Governors hold their positions *ex officio* as Aldermen and members of the Common Council of London, although these are by no means the most wedded to the existing order of things, but many others are dispersed over different parts of the country, and rarely attend the meetings. Those who really understand the subject of Lunacy, and who consult the best interests of Bethlehem Hospital, are usually outvoted by Governors who know nothing of the one and care little about the other.

THE CASE OF MR. WILLIAM ADAMS.

We have just learned that Mr. Adams has received the account from his solicitor of the expenses for which he is liable for defending himself in the late infamous trial. They amount to 945*l.*, and this monstrous sum has been incurred by the repeated postponements of the trial at the instance of the plaintiff on various pretexts, by the necessity of procuring evidence from distant parts of the country, and by the heavy fees paid to the counsel. The subscription for assisting Mr. Adams to pay these expenses amounts to about 400*l.*, and we cannot doubt that an effort will now be made to raise the entire sum, and perhaps something beyond, in order to testify the general sympathy felt for this gentleman under the extraordinary persecution of which he has been the victim. A general co-operation for this object throughout the country would soon effect the desired end; for a subscription of even a few shillings each from a great number would be amply sufficient, and we cannot conceive that any member of our Profession can fail to experience a sentiment of indignation when he reflects on the whole history of this unprecedented instance of legal oppression. It has been suggested that the costs incurred by Mr. Adams should be taxed, as it is possible that he may be victimised even by his own legal advisers, and we understand that his committee will vigilantly examine every item of expense; but still, even if (as we doubt) the sum should be reduced, a very large amount will remain to be paid under any circumstances.

THE CHILDREN OF THE LATE DR. M'WILLIAM.

Two daughters of the late Dr. McWilliam, who, it will be recollected, met with a sudden and accidental death in his own house, are candidates for admission into the Royal Naval Female School at Twickenham, at the ensuing election in July next. All those who knew Dr. McWilliam, either in his public or private capacity, will, we are sure, promote the object of providing a home and an educatian for his orphan children, who, it is too well known, are left most inadequately provided for, and we trust that such of our readers as may have votes will give them in favour of these applicants, and those who have not, may probably have influence enough with some of the subscribers to speak in favour of the offspring of one of the best and bravest men who ever entered the service of the navy.

FURTHER CHANGES AT THE WESTMINSTER HOSPITAL.

We understand that another vacancy has arisen in the Medical staff of this hospital by the resignation of Dr. Marcet, who intends to devote himself more exclusively than he has hitherto done, to the pursuit of physiological chemistry, a branch of science in which he has already attained to well-merited celebrity. Dr. Willis, who resigned his claims at the recent election, in favour of Dr. Gibb, presents himself again as a candidate on the present occasion.

THE DEATH OF DR. P. B. AYRES.

The death of Dr. Ayres, in the island of Mauritius, deserves more than a passing notice, and we have quoted from a contemporary a short biography which gives a fair sketch of his career, although it is incorrect in a few trifling particulars and imperfect in others. Dr. Ayres, although he graduated at the University of London, obtained his academical prizes several years before at the University College in Gower street, where many of his contemporaries, now living, were witnesses of his indomitable zeal and perseverance in the acquisition of scientific knowledge, and even those who were his rivals in the pursuit of honour were the most gratified at his success. The mistake of the biographer, trivial as it is, is a natural one, for the University College was then called the University of London, and when Ayres was a student it was in the zenith of its fame and reputation, when Liston and Samuel Cooper were the chiefs of the Surgical staff, when Elliotson, not yet bitten with the mesmeric fancies, was the illustrious head of the Medical department, and the amiable and accomplished Anthony Todd Thomson was his colleague; when the two Quains, Jones and Richard, were the anatomical teachers, and

Edward Turner, Lindley, and Grant, were the respective exponents of Chemistry, Botany, and Comparative Anatomy. The early career of Ayres was so brilliant as to offer every prospect of a successful future, but this was certainly denied him, at least if success be measured by the usual worldly and conventional standard; and it must be added, in justice to him, that except the want of influential relatives and friends, nothing at all can be alleged against him. He was a good father and husband and an honest man, in addition to being an enlightened practitioner and a man of science, and yet he consumed his early professional life in a laborious and ill-paid general practice, obtained a scanty and precarious pittance by occasional literary contributions, held an unremunerative lectureship on Chemistry, and was an unpaid Dispensary Physician; and in the prime of life he left his native country for a moderately-rewarded appointment in a distant though lovely region, where his labours have been prematurely cut short by a very sudden and painful death, and his wife and children are thrown upon the mercy of the world. The death of poor Ayres cannot "point a moral or adorn a tale;" it is a record of suffering and privation and struggle manfully borne, and it merely proves that the race is not always to the swift nor the battle to the strong.

REVIEW OF BOOKS.

Studien über das Vorkommen, die Verbreitung und die Function von Galligen Bestandtheilen in den thierischen und pflanzlichen Organismen. Von Dr. F. W. Beneke. 4to. Giessen, 1862.

Investigations regarding the Occurrence, Distribution, and Functions of the Biliary Constituents in Animal and Vegetable Organisms. By Dr. Beneke.

Jaundice; its Pathology and Treatment, with the Application of Physiological Chemistry to the Detection and Treatment of Diseases of the Liver and Pancreas. By George Harley, M.D., Professor of Medical Jurisprudence in University College, London, Assist.-Physician to University Hospital, &c. 8vo. London, 1863.

A Treatise on Gall Stones: their Chemistry, Pathology, and Treatment. By J. L. W. Thudichum, M.D. 8vo. London, 1863.

We have grouped these three works together because they all treat of subjects more or less closely allied to one another. Dr. Beneke's "Studien" contains results which, if confirmed, will completely alter several of the usually accepted views on the chemistry of animals and plants.

The first point he investigates is this,—Are there any substances occurring in the animal body, besides the biliary acids (glycocholic and taurocholic acid), which yield with sugar and sulphuric acid the reaction known as Pettenkofer's test? The result of an extensive series of observations, leads to the conclusion that, although the purple or violet colour is more brilliantly and more persistently evolved when sugar and sulphuric acid are added to the biliary acids, than when those reagents are applied to any other substance, the so-called test acts more or less distinctly with the fatty acids occurring in the animal body, and especially with oleic acid, with cholesterine and with the albuminates, especially when they have not been freed from the fats which are always associated with them.

He next enquires—Can any substance be extracted with cold alcohol, ether, chloroform, &c., from the tissues of the animal organism, which yields with sugar and sulphuric acid the same reaction as the biliary acids? His answer to this question is, that the alcoholic and ethereal extracts of almost all the animal tissues yield, when treated with sugar and sulphuric acid, a beautiful purple colour of more or less purity, and that the residual extracted tissue, when treated in a similar manner, gives a corresponding, but less brilliant colour.

The next point he investigated was this;—What other general or common characters do the cold alcoholic extracts of the animal tissues present? And the result of his enquiries is, that all the alcoholic extracts present the properties which Virchow ascribes to a substance which he described some years ago, and to which he gave the name of *Myeline*, from its resemblance to, and supposed identity with, nerve-medulla.

This Myeline, of which many of our readers probably now hear for the first time, has been obtained from the nerves, the spleen, the yelk of the egg of the common fowl, the testis, the ovary, the seminal fluid, pus, diseased lungs, bile, the fluid of an hepatic cyst, &c., and is a viscous semi-fluid substance which assumes forms resembling nerve-tubes and similar structures. (Several of these forms are depicted by Dr. Beneke in the Plates attached to the end of his volume.) It is readily soluble in hot alcohol, from which it separates on cooling, swells (like starch) in cold water, and is converted by chromic acid into a yellow hard mass, while concentrated sulphuric acid and sugar develop a more or less brilliant purple tint.

Our knowledge of the composition of myeline is unfortunately very vague. According to Beneke, it is a mixture of various substances, including *inter alia* cholesterine, the ordinary saponifiable fats, nitrogenous compounds and inorganic constituents.

The most startling of all his alleged discoveries (and we have no reason to doubt their accuracy), is that myeline, and consequently cholesterine, are as widely diffused in the vegetable as they are in the animal kingdom. Myeline is especially present in the seeds of plants and in the youngest vegetable structures, such as leaves and flowers.

The ultimate analyses on which some of his principal conclusions are based, were conducted by Professor Kolbe, of Marburgh, whose skill in organic chemistry is unquestionable.

We strongly recommend this volume to those of our readers who take an interest in the recent advances of chemistry and physiology.

"Time being money," Dr. Harley "has endeavoured not only to condense his material, but to exclude the consideration of any question not directly bearing upon the pathology or treatment of jaundice," and "he has neither dwelt on the literature nor discussed the old theories of the mechanism of jaundice, but limited himself almost entirely to a brief exposition of his own views."—Preface p. v.

Dr. Thudichum has adopted a precisely opposite course, and has made up his volume to more than three hundred pages by collecting all kinds of material having any bearing whatever on the subject of gall-stones.

The natural consequence is, that Dr. Harley has produced a very useful practical book; while the original facts and observations contained in Dr. Thudichum's ponderous tome are almost completely concealed by the enormous mass of what Editors irreverently term "packing."

Dr. Harley commences with a few remarks on the nature of the bile and the physiology of its secretion; he then takes a general view of the mechanism of jaundice, which he arranges under two divisions, according as it arises from suppression or from re-absorption, and concludes with the subject of treatment.

His remarks on the information afforded by the urine in cases of jaundice are very important. After noticing the method usually recommended for detecting bile-pigment in the urine (the addition of a little nitric acid to urine on a white plate), and remarking that other animal pigments besides biliverdine produce a somewhat similar play of colours, he recommends the separation of the pigment without decomposition in combination with uric acid. "This is readily done by simply acidulating the urine with a few drops of hydrochloric acid, and setting it aside for twenty-four hours to crystallize. The white uric acid in crystallizing takes up the colouring matter, and assumes the hue of the pigment present in the urine. I have thus obtained crystals of all the different hues from a bright golden yellow tint through the intervening shades of red, brown, blue, olive, to a dark, almost black colour. This experiment has another advantage, for if we take a measured quantity of urine, and collect, dry, and weigh the uric acid obtained from it, we can readily calculate the total quantity passed in twenty-four hours, and thereby assist in diagnosing the presence or absence of malignant disease of the liver," pp. 56-7. In explanation of the concluding sentence of the quotation, we may remark that Dr. Harley has found that in cancer of the liver there is a great augmentation of the uric acid.

There has recently been much discussion, especially in Germany, regarding the presence or absence of the biliary acids in the urine. Kühne states that he never fails to detect cholic acid (not, however, in the form of glycocholic or taurocholic acid) in the urine of jaundiced patients and of dogs that were artificially jaundiced by the application of a ligature to the *Ductus communis*, while Frerichs and Städeler (not Städler, as Dr. Harley inadvertently spells him) believe that these acids are decomposed in the blood, and consequently do not pass into the urine. Dr. Harley has apparently succeeded in explaining these contradictory results. He has ascertained that in certain cases of jaundice not a trace of the biliary acids is to be detected in the urine, although the bile-pigment is present in abundance, while in other cases both biliary acids and bile-pigment occur in notable quantity. And the cause of these different results is this—that in jaundice from suppression, the liver does not secrete bile, and consequently no biliary acids being formed, none can be found either in the blood or in the urine; while in jaundice from obstruction, bile is secreted and absorbed into the blood, and that portion of the biliary acids which escapes transformation in the circulation appears in the urine. Hence the presence or absence of the biliary acids in the urine is of importance as a means of differential diagnosis. The following are his rules for applying Pettenkofer's test to the urine. "To a couple of drachms of the suspected urine add a small fragment of loaf-sugar, and afterwards pour slowly into the test-tube about a

drachm of strong sulphuric acid. This should be done so as not to mix the two liquids. If biliary acids be present there will be observed at the line of contact of the acid and urine—after standing for a few minutes—a deep purple hue. This result may be taken as a sure indication that the jaundice is due to obstructed bile-ducts," p. 61. In performing this experiment, we must not confound the reddish coloured line which is formed immediately the acid and the urine come in contact, and which is due to the liberation of the normal urine-pigment, with the reaction caused by the biliary acids.

There are two other substances, tyrosine and leucine, which are occasionally found in the urine in jaundice, and which are of considerable diagnostic value. When they are present in any considerable quantity they may be easily detected by examining with the microscope a little urine (an ounce or two) that has been slowly evaporated to the consistence of a syrup, and that has been then put aside in a cool place to crystallize. The tyrosine is found in star-like groups of circular crystals or as spinous spheres "not unlike a rolled-up hedge-hog with the bristles sticking out in all directions." Leucine, on the other hand, presents no crystalline structure, and occurs in flat, circular, oily-looking discs, which however are readily distinguished from oil by being soluble in water and insoluble in ether. Both these substances have been found in the urine in cases of chronic as well as of acute atrophy of the liver. The microscopic appearances of tyrosine are very accurately given by Dr. Harley in the figures occurring in pp. 63, 64, of his book.

The length to which our remarks have already reached prevents us from entering into any notice of Dr. Harley's chapter on the "Treatment of Jaundice;" we can, however, cordially recommend its attentive perusal, especially the remarks on the use and abuse of mercurials and podophyllin, and on the administration of benzoic acid and of prepared bile, to all those of our readers who wish to keep themselves up to the present state of therapeutic knowledge.

We shall proceed with our notice of Dr. Thudichum's book next week.

(To be continued.)

GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

June 1, 1863.

[The following are some of the Reports presented to the Medical Council, and which we were compelled to omit last week.]

Dr. Corrigan presented the Report of the Committee on Amendments of the Medical Act:—

"The course the Committee have adopted is to go through the sections of the Medical Act seriatim, and to append to each section such proposed amendments as seemed fit to be submitted for consideration.

"The Committee do not propose that the General Council should at present express an opinion on the proposed amendments nor are the Committee unanimous in some of the amendments suggested.

"The Committee suggest that the present course might properly be, that the General Council, without expressing any opinion on the proposed amendments, should give instructions to the Executive Committee to have a Bill drawn up embodying the proposed amendments; that the Bill thus drawn up should be transmitted to the several licensing bodies mentioned in Schedule A for their consideration; and that the amended Bill, with any alteration suggested by the several licensing bodies, should be submitted for consideration at the next annual meeting of the General Council.

"There remains one point on which the Committee have not been able to suggest a satisfactory amendment—the licence in Midwifery. The difficulty has arisen from the charters of the several Colleges differing in power in regard to this licence. The College of Physicians of London and the Colleges of Physicians and Surgeons of Edinburgh are not authorised to issue separate licenses in midwifery, while the College of Physicians in Ireland and the Colleges of Surgeons of England and Ireland are empowered to issue such separate licenses. This appears to maintain an inequality of privilege that ought to be removed."

The following are the suggestions for the amendment of the Medical Act:—

That a Bill be introduced to be termed "A Bill to Amend the Medical Acts." The preamble to state that, in addition to the expediency of distinguishing qualified from unqualified practitioners, "it is necessary for the safety and protection of the public towards securing adequately educated practitioners in the several departments of medicine, surgery, and pharmacy," &c.

The following alterations are proposed in the sections quoted:—

Sec. 10 to give extended powers for the appointment by the General Council of so many clerks and servants as shall be necessary for the purposes of the Act; and every person so appointed to be removable at the pleasure of the Council, and to be paid such salary as the Council shall think fit. (The previous clause was absolute, and prescribed fixed duties to special officers.)

Clause 13 and proposed amendments, with Observations of Scotch Branch Council of No. 27, 7th Feb., 1863, to be referred back to Solicitor for observations.

Sect. 13 to provide that certain alterations be made in the mode of keeping separate the accounts of the Branch Councils, and for the regulation of contributions from general fund.

Sect. 14 to provide that if any person registered shall notify to the Registrar that he has ceased to practise, and wishes to withdraw his name from the Register, the Registrar shall have power to erase his name.

For Sect. 20 to substitute a section to the following effect:—"It shall be lawful for the General Council to lay down such regulations respecting the education and examinations of practitioners in medicine, surgery, and pharmacy, as may appear to them fitted to ensure adequate knowledge and skill in the several departments of the profession; and the said General Council shall then submit such regulations to her Majesty's most Honourable Privy Council. And the said regulations, if sanctioned by the said Privy Council, shall then be obligatory upon all universities, colleges, and other bodies enumerated in Schedule A to this Act."

For Sect. 21 to substitute the following:—"And it shall be lawful for the Privy Council, upon its being represented to them that any university, college, or other body enumerated in Schedule A does not comply with such regulations, to declare that any qualification granted by such university, college, or body, shall not confer any right to be registered under this Act. Provided always," &c.

To Sect. 27, after the words "provisions of this Act," add the words as proposed in the tabular statement,—namely, "And that he is not possessed of any qualification which would entitle him to be registered in accordance with the provisions of this Act."

For Sect. 29, the clause as suggested by Mr. Ouvry, and printed in the tabular statement, approved of,—namely, "The Council may refuse to register any person who may have been convicted in England or Ireland of any felony or misdemeanour, or in Scotland of any crime or offence; and if any registered person shall be so convicted, or shall, after due inquiry, be judged by the General Council to have been guilty of infamous conduct in a professional respect, whether before or after registration, the General Council may, if they see fit, direct the Registrar to erase the name of such person from the Register."

Sect. 31.—"Every person registered under this Act shall be entitled, according to his qualification or qualifications, to practise medicine, or surgery, or pharmacy; or medicine, and surgery, and pharmacy, as the case may be, &c.

To Sect. 34 the following words to be added:—"According to his qualification or qualifications."

In Sect. 36 the word "apothecary to be inserted after "surgeon." (This recognises the status of that branch of the profession.)

For Sect. 37 substitute the following:—"After the 1st day of January, 1859, no certificate required by any Act now in force, or that may hereafter be passed, from any physician, surgeon, or apothecary, or other medical practitioner, shall be valid, unless the person signing the same be registered under this Act."

Sect. 40.—"On and after the day of 186 , it shall not be lawful for any person, unless registered under this Act, to pretend to be, or take or use the name or title of Physician, Doctor of Medicine, Licentiate in Medicine or Surgery, Master in Surgery, Bachelor of Medicine, Doctor, Surgeon, Medical or General Practitioner, or Surgeon Apothecary or Accoucheur, or Licentiate or Proctitioner in Midwifery, or any other medical or surgical name or title; and any unregistered person so offending shall forfeit and pay a sum not exceeding 20*l.* to be recovered in a summary way before the justices of the peace."

Sect. 48.—Amend by introducing the words "Ireland, and the Faculty of Physicians and Surgeons," after "England."

In Sect. 55 omit the words "chemists, druggists, and." (This brings them under the operation of the Act—see below.)

A section to the following effect to be added:

Sect. 56.—It shall not be lawful for any person to keep open shop for the compounding of physicians' and surgeons' prescriptions, unless he be a licentiate of the Apothecaries' Hall of England or Ireland, or shall have received a certificate of competency to compound medicine from either of the above bodies, or from the Pharmaceutical Society, or from some other body duly authorised in England, Ireland, or Scotland, by the General Medical Council to institute the necessary examination, and to grant such certificate, and at such rate of fee as the General Medical Council, with the approval of the Privy Council, may sanction; and any person keeping open shop for the compounding of medicine, unless qualified as aforesaid, shall upon a summary conviction for any such offence before any justice of the peace, pay a sum not exceeding 20*l.* And for the better protection of the public, and to ensure the carrying out of the provisions as aforesaid, it is hereby enacted

that the Medical Council may appoint from time to time one inspector for England, one for Ireland, and one for Scotland, whose duties shall be to inspect, as often as may be required, all shops where medicines are compounded, and to carry into effect the provisions of this Act in regard to shops; and that such inspectors be paid such salaries out of the Consolidated Fund as the General Council, with the approval of the Lords Commissioners of Her Majesty's Treasury, may from time to time determine.

A section also to be added as follows:—

Sect. 57.—"No patent, quack, or other medicine shall be sold unless a sworn certificate of its composition be lodged with the Registrar of the General Council, and a copy thereof be open for inspection in the shop or place in which such medicine is sold; and any person or proprietor of a shop selling any secret remedy shall, on summary conviction, for each such offence be liable to a penalty not exceeding 20*l.*"

Report of the Special Committee appointed by the General Council on 27th May, 1863, relative to the Pharmacopœia.

The Committee appointed "to take into consideration, and to report what further steps it is desirable for the General Council to take in reference to the Pharmacopœia," have carefully considered various matters which have been put before them and the Council, by the Chairman of the Pharmacopœia Committee. They have to report that several of these matters are of great importance, and require the attention of the Council before its present meetings come to an end; and they recommend that these be all settled now, so that as little as possible of the business connected with the Pharmacopœia shall be left over to another session of the Council.

I.—The first subject to which the Committee have turned their attention is the expense attending the preparation and publication of the Pharmacopœia, and the mode and terms of payment.

Every member of Council was, or might have been, aware that a Pharmacopœia, which was to be an amalgamation of three national Pharmacopœias, could not be prepared without a large expenditure. During the first session of the Council, there seems to have been a general understanding that, unless for the services of professional chemists and others, to whom the several branches of the Pharmacopœia Committee might find it necessary to entrust a part of their duty, the Council would escape any outlay on account of those engaged in preparing the work. The labour required of the sub-committees, however, soon proved to be so great in prospect, that it was impossible to expect that so many professional men should surrender their time without some compensation. Accordingly it was stated by the chairman of the Pharmacopœia Committee, at the session of Council in 1859, that provision would have to be made for a charge on this account. No idea could be formed at that period, however, of the probable charge, under any possible arrangement which the Pharmacopœia Committee or the Council, could then have proposed.

This Committee are confident that no one conversant with the practical difficulties which surround the task committed to the Pharmacopœia Committee will suppose that any part of the work they have gone through was superfluous, or has been the cause either of delay or of expense which might have been avoided. It may be added, that the extra expenditure occasioned by the delay which originated in the question settled by the Council last October, relative to weights and measures, has been inconsiderable.

The mode of payment of all charges on account of the Pharmacopœia has been clearly understood by its Committee; but little appears on the subject in the Minutes of the Council which can serve as a guide to the present Committee. The understanding was that the Council should advance from the Registration Fund such money as might be required for current expenses, the payment of which could not be justly postponed; that these advances should be repaid from the proceeds of the sale of the Pharmacopœia; and that the other charges, including especially compensation to members of the sub-committees for their time and services at sub-committee meetings, must depend on the amount of these proceeds. Accordingly, the advances made by the Council, on account of the Pharmacopœia, were applied to remuneration for much chemical, botanical, and pharmaceutic advice and experiment; for the attendance of nine members at two delegations, one in London and another in Edinburgh; and for lesser current expenses. But the remaining charge, which relates to the services of secretaries and editors, to certain extensive chemical investigations, and to attendance on sub-committee meetings, is still open for consideration; and this Committee are of opinion that all these charges ought to be settled, as far as possible, by the Council before its present meetings terminate.

The Committee of Council beg here to observe, that the Council, in advancing at different periods sums from the Registration Fund, for the current expenses of the Pharmacopœia Committee does not appear to have given any special authority, or instructions, as to the particular items of current expense which should be paid from these advances. The chairman of the Pharmacopœia Committee made certain statements on that head to the Council from time to me; and he considered himself entitled to endorse, and the treasurer of the Pharmacopœia Committee to pay, the charges mentioned above, as in conformity with the statements made in Council. It might have been better had the instructions of the Council been more specific. But this Committee submit that the attempt to make them so would probably have involved frequent delays, on account of the necessity, under such instructions, of references from the Pharmacopœia Committee to the General Council at times when the Council might not be sitting.

The Council should keep in view, before providing for the payment of attendance on sub-committee meetings, that a large proportion of the fund accruing from the sale of the Pharmacopœia will be required to replace what has been advanced from the Registration Fund, and to defray the cost of printing and publishing the work, and remuneration still due for chemical investigations, and to secretaries and editors.

The terms on which the charges thus remaining due should be paid have received the most earnest attention of this Committee.

Two distinguished chemists were requested jointly to undertake together extensive investigations essential for the chemistry of the Pharmacopœia. These gentlemen devoted their whole time for many days to these investigations, and one of them had to leave his professional duties at Edinburgh in order to meet the other at Dublin. The chairman of the Pharmacopœia Committee informs us that these labours were undertaken on the footing that, in all probability those who conducted them would be paid by the Council an allowance at the same rate as members of the General Council for attending its meetings; and that this allowance would be very much under the usual fees received by chemists in like circumstances.

The duties of the secretaries being over, or very nearly so, the Committee are able to come to an opinion under that head of expenditure; and they recommend that the sum of 100*l.* be paid to each of the secretaries of the Edinburgh and Dublin sub-committees; and the sum of 150*l.* to the secretary of the London sub-committee, who has acted also as general secretary of the whole Committee.

The duty of the editors has now only begun. The Committee have been informed that this duty will last four months; and as two of the editors reside at a distance,—one in Edinburgh, and the other in Dublin, the labour of all three must be considerable. The Council should also be informed that it has no claim on these gentlemen, originating in membership of the Council, for none of them is a member of this body. The Committee are, therefore, of opinion that the Edinburgh and Dublin editors ought to be awarded for their trouble a sum of 50*l.* each, and the principal editor in London a sum of 75*l.*

The payment to members of th sub-committees is a different question. If the Committee look only to the professional position of most of the gentlemen who compose the Pharmacopœia sub-committees, and to the time and knowledge which they have given to the duty undertaken by them at request of the Council, this Committee could scarcely hope to compensate them for their services by an adequate remuneration. The Committee, therefore, recommend that 500*l.* should be voted as an honorarium to each sub-committee. The sum of all the sub-committee meetings has been during four years 407, and the sum of attendances of all the members has been 1851. But even these numerous attendances give no idea of the amount of labour of the sub-committees, not a few of whose members have given much of their private and individual leisure to the business of the Pharmacopœia.

II. The next subject brought before the Committee relates to the form or forms in which the Pharmacopœia ought to be published. After the statements put before the Council at the meeting of Council on the 26th inst., it is merely necessary for this Committee to report their opinion, that on the whole it is advisable that two editions be published contemporaneously,—an octavo and a duodecimo edition,—as proposed by the Executive Committee of the Council. The Committee find that the duodecimo edition may be sold at the low price of 5s. a copy, and the octavo at 7s. 6d., without involving the Council in any eventual loss, although a portion of the advances made by the Council may be for some time undischarged.

The Council will recollect that the price of the work must receive the sanction of the Lords of Her Majesty's Treasury.

III. The third question submitted to the Committee is, whether it may not be advisable that the publication of the Pharmacopœia be preceded by some explanation of its composition, the principles of its construction, the changes introduced, and the necessity under which the members of the several branches of the medical profession will lie of making themselves acquainted with the British Pharmacopœia, and of discarding all those which it is to supersede. The Committee are of opinion that a measure of this kind may prove not only acceptable to the medical profession at large, but likewise very serviceable for preventing inconvenient and even dangerous errors. The Committee do not think it necessary that the General Council should themselves prepare and authorize a publication of this nature. But the chairman of the Pharmacopœia Committee has expressed his readiness to publish such a document, if agreeable to the Council.

IV. The next subject for the Committee's consideration regards the means which may be taken by the present Council for supplying their members with the experience which the Council has gained as to the most suitable machinery for preparing future additions of the Pharmacopœia, and publishing them with the least possible delay and expense.

It appears to have been thought by some members of the Council, that the number of persons who have been engaged in preparing the British Pharmacopœia, and consequently the expense, might have safely been less than on the present occasion. The Pharmacopœia Committee might, indeed, have consisted of a smaller number of members, had the Council not had to reconcile three Pharmacopœias, and the members of the medical profession in the three divisions of the kingdom, who have been long accustomed to use them. Without a large representation in Committee from the several bodies concerned in those works, serious jealousies and obstacles would have arisen, which it would have been highly undesirable to provoke. But the Council is now the sole authority, and alone incurs public responsibility, in regard to the Pharmacopœia. It may henceforth adopt without reserve the measures which seem most suitable for subsequent editions.

The Committee, on considering what measures may be now recommended to the Council, have been impressed with the recommendation of the chairman of the Pharmacopœia Committee, that the improvements in Medicine and Pharmacy ought not to be allowed to accumulate long without being introduced by authority to the medical profession at large; and that therefore either a supplement or new edition of the Pharmacopœia ought to be brought out every five years on an average; and that for this purpose a charge should be given by the Council to one or more competent persons to keep up the necessary information for the Pharmacopœia on a level with advancing knowledge from month to month; so that the requisite changes might be supplied to the Council within a very short period after demand.

To this end the committee advise that—

1. In each capital of the three divisions of the kingdom respectively the Branch Council should appoint a person to undertake this duty who is a medical practitioner, acquainted with the natural history and chemistry of Pharmacy.

2. That it should be an instruction to these gentlemen to invite information as to improvements in the Pharmacopœia from the medical, surgical, and pharmaceutical bodies of the several divisions of the country.

3. That, under the sanction of the Executive Committee the treasurer be empowered to pay to each of these gentlemen a sum not exceeding 20*l.* annually for charges for scientific practical inquiries.

4. That they should inter-communicate their results half-yearly.

5. That they should be ready every five years to give at the request of the General Council, their conjoint opinion as to the changes they consider advisable for a new edition, or a supplement, of the Pharmacopœia.

6. That the Executive Committee should have charge of editing and publishing such new edition or supplement, after approval by the General Council.

V. The last subject to be referred to by this Committee is the recent introduction of a Bill into the House of Commons for altering the weights and measures of the kingdom to the metrical decimal system of France and many other countries. The Bill contemplates that, if passed, the Act shall be permissive for three years, and then compulsory. Pharmacy is expressly included. The House of Commons takes up the second reading of the Bill on July 1st.

The Council will observe that it is quite otherwise circumstanced in respect to this Bill than when it came to decision last October on the question whether the French metrical system of weights and measures should be adopted at that time as the system for Pharmacy in this country. The Committee, therefore beg to call the attention of the Council to the approaching proceedings in Parliament. But they leave it to the Council itself to decide whether any and what steps should be taken by the Council in the present position of this important question. R. CHRISTISON, Chairman.

Dr. Embleton presented the Report of the Committee on Returns from the Licensing Bodies.

REPORT.

1. That the Returns, in compliance with Recommendation 16th, have, since the Report of last year, been received by the Registrar from all the bodies named in Schedule A, and have been sent by him to each member of the General Council.

These returns contain, as was recommended by your Committee last year, the latest regulations of the bodies named in Schedule A, as regards both preliminary and professional education and examination; and the degree of their conformity or nonconformity with the Recommendations of the Report of the General Council on Education (1861), is shown in the Table already laid before the Council, and which, in a corrected form, is appended to this Report.

By this table, in which are incorporated some remarks by members of the Council, it will be observed that the amount of conformity in the printed regulations is considerable; and your Committee are glad to be enabled to state that several of the seeming nonconformities only faintly exist in practice, and that there is a general belief pervading the bodies in Schedule A, as ascertained from their representatives, that a still nearer approach to conformity is attainable.

2. That returns, in compliance with the 23rd Recommendation, have been received from all the bodies in Schedule A. The result of these returns may be seen in the accompanying table, which shows the number of students examined, and the number rejected by each of the licensing bodies.

Table of Returns under Recommendation 23.

Licensing Bodies.	Passed.		Rejected.	
	1st Exam	2nd Exam	1st Exam. Number.	2nd Exam Number.
Roy. Coll. Phys. England	60	65	5	22
Roy. Coll. Phys. Edin.	75	81	10	10
K. & Qu. Coll. Phys. Irel.;				
Passed for dip. on old reg.	...	33	...	10
Passed 1st ex. on new reg.	2	...	1	...
Roy. Coll. Surg. England	513	462	142	61
Roy. Coll. Surg. Edin.	143	123	23	15
Fac. Phys. & Surg. Glasg.	12	78	2	10
Roy. Coll. Surg. Ireland	105	105	23	23
Soc. Apothecaries, London	121	343	7	40
Apothecaries' Hall, Dublin	23	23	4	2
University of Oxford	3	0	2	0
Univ. of Cambridge	7	2	1	1
Univ. of Durham	0	3	0	0
Univ. of London	23	17	8	6
Univ. of Edinburgh	113	109	77	16
Univ. of Aberdeen (3 exm.)	(1st) 49 (2nd) 36	(3rd) 28	(1st) 8 (2nd) 10	(3rd) 4
Univ. of Glasgow	82	48	11	4
Univ. of St. Andrews'	15	580	3	65
Univ. of Dublin	7	17	0	1
Queen's Univ. in Ireland	36	34	6	5
Totals	1425	2151	343	295

3. The registers of students, with explanatory letters, having been referred to them (No. 48, Minutes of General Council), your Committee further present the subjoined table of the numbers of students registered according to Recommendations 8 and 9, during the winter of 1862, by each of the bodies in Schedule A that keeps a register of students, showing the numbers registered before and after the expiration of the fifteen days recommended by the Council to be allowed for registration. From this table it will be seen that the numbers registered after the expiration of the fifteen days are comparatively few; satisfactory letters explanatory of the reasons for such delays have been sent in from the various bodies in whose registrations those delays have occurred, and doubtless next year this table will be still more in accordance with your recommendation.

Register of Students, 1862, under Recommendations 8 and 9.

Licensing Bodies.	Before the 15 days.	After the 15 days.	Total.
Royal Coll. Phys. London	169	37	206
Royal Coll. Phys. Edinburgh	No register		
K. & Q. Coll. Phys. Ireland	No register		
Royal Coll. Surg. England	1401	26	1427
Royal Coll. Surg. Edinburgh	231	...	231
Faculty Thys. & Surg. Glasgow.	106	...	106
Royal Coll. Surg. Ireland	149	3	152
Apothecaries' Society, London	1010	...	1010
Apothecaries' Hall, Dublin	No register		
University of Oxford	No register		
" Cambridge	18	1	19
" Durham	15	...	15
" London	No register		
" Edinburgh	367	...	367
" Aberdeen	61	...	61
" Glasgow	258	3	261
" St. Andrews	2	2	4
" Dublin	16	5	21
Queen's University, Ireland	266	9	275
Totals	4069	86	4155

4. Your Committee, lastly, submit a table showing how far the Recommendation No. 1 of the Council has been carried out.

Table showing the Number of Students registered by the Licensing Bodies, Oct. and Nov. 1862, who have or have not passed a Preliminary Examination before commencing Professional Study.

Licensing Bodies.	No. of Students passed Prelim. Exam	No. of Students who have not passed Prelim. Examin.	Total.
Royal Coll. Phys. London . .	212	3	215
Royal Coll. Phys. Edinburgh .	No register		
K. & Q. Coll. Phys. Ireland .	No register		
Royal Coll. Surg. England .	593	834	1427
Royal Coll. Surg. Edinburgh .	Not stated		230
Faculty Phys. & Surg. Glasg. .	89	17	106
Royal Coll. Surg. Ireland . .	†119	48	167
Apothecaries' Society, London .	355	1390	1745
Apothecaries' Hall, Dublin .	No register		
University of Oxford . .	No register		
" Cambridge . .	19	3	22
" Durham . .	15		15
" London . .	No register		
" Edinburgh . .	365	32	367
" Aberdeen . .	144	5	149
" Glasgow . .	240	21	261
" St. Andrews .	4		4
" Dublin . .	24		24
Queen's University, Ireland .	298	5	303

† 1, Examined by an American University.

On the whole, your Committee regard as satisfactory the results brought out in these tables, so far as they go, and feel confident that under a simpler mode of registration, and with a little more attention, these results will in future be found more completely in conformity with the recommendations of the Council.

D. Embleton, Chairman.

OBITUARY.

THE LATE PROFESSOR J. H. POWER, OF DUBLIN.

(Communicated by Robert Hamilton, Esq.)

"Quando ullum inveniet parem?

. . . . . .

Multo ille bonis flebilis occidit."

Originality is so rarely met with now a days, that, to estimate a man merely according to what he has discovered or published, would be a great injustice, and the eminent Surgeon, whose premature death at the early age of fifty-six, is deplored in his native city as a public calamity, would, if judged by such a criterion, occupy but an inferior place in the Walhalla of our Profession.

Irishmen are not generally voluminous authors. The national University, famed for the number of those, distinguished in every department of knowledge and science, which she has produced, has long had the soubriquet of "the Silent Sister," and Dr. Power, having contributed but little to the Medical literature of the day, except a work on the Arteries, and various papers written from time to time for the Medical periodicals, was not known beyond his own country.

He will doubtless be remembered by some of his contemporaries, or former pupils at the Richmond Medical School, where there was usually a considerable sprinkling of English students, and they will recall before their "mind's eyes" the tall thin figure, the sallow complexion, the head carried a little on one side, and the thoughtful, quiet countenance, yet so full of animation when roused, familar to them six and twenty years ago.

Dr. Power was a native of Dublin, and of a respectable middle-class family. He commenced his Professional career as an apprentice of that able surgeon Mr. Adams, who, we believe, is still living. At that time, the Richmond was one of the first of the Medical schools of the Irish metropolis, and the names of Carmichael, Adams, Macdowel, and Hutton, shed a lustre upon it. That period was in fact the golden age of the Richmond.

Dr. Power was distinguished as a student. All the energies of a mind of no common order were engaged in his work. He was already marked as one sure, amongst the crowd of competitors, to find an honourable place. In those days, as ever after, he was known as one who not only believed in the solemn verities of religion, but carried out its principles in his daily life. After he became a member of the College, he continued for some years as demonstrator and lecturer, at the Richmond. Passing through various gradations of success, rising higher and higher in public estimation, with a lucrative and increasing practice, he had just attained to what seemed to be the highest object of his earthly wishes, when a mysterious Providence removed him.

As a Surgeon, Dr. Power was decidedly in the first rank. In the operating theatre he was calm and self-possessed, yet tender and gentle. In all possible resources of his art, his ability was equal to every emergency. As a lecturer, he was lucid and eloquent. His powers of oratory were far above mediocrity, and he was a very popular and effective speaker. His death creates a void not to be easily filled up. Some as capable, and of as high attainments may be found to succeed him, though that his were of a high order indeed, is evident from the fact, that when comparatively young, he was elected by a large majority to fill the chair so recently occupied by the illustrious Collis.

But, it is as a man that Dr. Power will be very much missed; few have ever been so beloved and regretted. The greatness of his character consisted in its goodness. His disposition was naturally a noble one, above everything mean and selfish; he never envied the success of another; he had, if possible, too little ambition, and preferred pursuing the even tenour of his way (practising his Profession from an ardent devotion to it, and the desire by it to do all the good he could to his fellow creatures), to the love of eclát and pecuniary emoluments, which are to some the only objects held in view.

Rivalry never disturbed his equanimity, nor unworthy treatment the flow of his charity and forgiveness; in all his intercourse with the world and his professional brethren, he was in every respect a perfect specimen of a Christian gentleman.

The influence of his example upon the student, his almost parental anxiety for his welfare, and that he should escape the dangers and temptations which lie in his way, entitle his memory to the grateful remembrance of all who have the interest of youth at heart.

He died on the 14th of May last, as he lived, calmly, and peacefully.

His remains were interred on the 18th in the burial-ground of Sr. Patrick's Cathedral, attended by a vast and mourning multitude.

To quote from a respectable Roman Catholic Journal "men of the highest social, and intellectual rank, of every shade of political and religious belief, were present at his funeral." The Council, and a large body of the members of the Royal College of Surgeons, as well as nearly three hundred medical students, followed in procession, to do honour to the memory of "one who made his life a public benefit, and whose death is regarded as a public loss."

The writer had the privilege of knowing Dr. Power intimately for a long period; he was one of the friends of his boyhood and student years. Since then he has only occasionally met him, but always to receive the same friendly greeting; the man was the same, unspoiled by success, and of the late John Hatch Power they who knew him as well might truly say:—

"Heu, quanto minus est cum reliquis versari quam tui meminisse!"

DEATH OF DR. PHILIP BURNARD AYRES.

This accomplished Physician died on Thursday, April 30, at his residence in the Champ de Mars, Port Louis, Mauritius, after an illness of about ten days. The first symptoms were those of a bilious remittent fever, rife at that period; but he felt little or no pain, he neglected to pay that attention to himself which he would have done to a patient. On the Tuesday week preceding his decease he went to bed in his usual good spirits, but awoke in the middle of the night with an exeruciating pain in his abdomen, From the intensity of his sufferings it was evident to the Medical men in attendance that some lesion of a grave nature had taken place. The most energetic treatment was resorted to, but without success, and notwithstanding all efforts, he gradually sank. The post-mortem examination confirmed the diagnosis which had been formed during life, and disclosed a perforation of the small intestine about an inch and a-half from the ileo-cæcal valve, with the concomitant appearances of intestine peritonitis. Thus one of the rarest, and, at the same time, most unexpected, complications in a disease of comparatively little danger became the ultimate cause of the death of one of the most distinguished Physicians that ever visited the Mauritius.

Dr. Ayres was born at Thame, in Oxfordshire, on December 12, 1863, and from his earliest youth gave indications of a strong predilection for the natural sciences, and so decided was his taste for, and so complete his devotedness to his studies, that his parents resolved that he should embrace the Medical Profession as the best adapted to satisfy his longings for science. In 1836 he became a Licentiate of the Society of Apothecaries; on April 25, in the same year a member of the Royal College of Surgeons; and on December 9, 1841, a Doctor of Medicine of the London University, from which learned institution he carried off seven medals. He then entered on the active duties of his Profession, and, engaged almost night and day in providing for his young family, he yet found time

for his favourite studies—botany and natural history. In physiological chemistry and hygiene, by long research and unremitting industry, he brought out new facts which elicited the attention of the scientific men of his time, in the glorious array of whom he soon obtained a distinguished place for himself. Having been introduced by his friend Mr. Stone, to Professor Quekett, a warm friendship sprang up between these men of congenial tastes, and, being an elegant writer he edited the greatest part of that celebrated histologist's lectures, and assisted greatly in the histological catalogue of the Hunterian Museum. As a lecturer at the Charing-cross Hospital on chemistry he drew a large and attentive class. In 1851, he was appointed Physician to the Islington Dispensary; and in 1855, through the interest of his attached friend, the late lamented James Robinson, the well known Dentist of Gower street, the Secretary of State offered him the post of Superintendent of Quarantine at the Mauritius, which he at once accepted, and arrived on the scene of his future labours on January 5, 1856. In an elaborate notice of the death of Dr. Ayres, which appears in the 'Overland Commercial Gazette,' it is stated that those who knew the state of matters at that time can fully appreciate what Dr. Ayers did in his new appointment. The misery he endured, his separation from his family, his trials, his excessive labours, were nothing for him; always calm and cheerful, he looked to the end—the completion of his task, and the improvements of the quarantine system. The excellent accommodation for the Indians at the Lazits of Flat Island, if not mainly due to him, at least was established by his earnest representations. Several of his reports, especially those of the Medical Charity Commission, and those on Quarantine and Sanitary Reform, bear the stamp of a masterly mind. His various communications to the Royal Society of Arts and Sciences on the Geology of Flat Island, on the Diseases of Mauritius, and the Utility of Vaccination, are the results of careful observation and deep study. In every one of them are to be seen the same luminous train of reasoning—the suggestion of measures hitherto unheard of in this colony, conducive alike to the health of its inhabitants, and abounding with conclusions of the most practical value. Appointed Surgeon in charge of the Civil Hospital a little after the retirement of the late Dr. Montgomery, he soon placed that establishment upon a footing which gave universal satisfaction. Whilst discharging his official duties, he did not, however, neglect his scientific pursuits. Intent upon writing a Flora of Mauritius, each moment he could snatch from busy labour was spent in his botanising walks, but death snatched him away ere his work was finished, and the Flora of Mauritius remains uncompleted!—a work which, had his life been spared, would have placed him on a level with the first botanists of the day.

In private life he won the esteem of all those who knew him. Kind-hearted, generous, sympathising, he was always to be found foremost wherever any good was to be done, displaying on all occasions the benevolence and integrity of the true Christian, the courtesy of the gentleman, the kindness of the friend. To the disconsolate widow and the fatherless children the loss is irreparable, more especially as they have been left, it is greatly feared, in straitened circumstances. His eldest son, a most accomplished artist, is at present pursuing his Medical studies with great success in Edinburgh.—'Medical Times and Gazette.'

LEGAL INTELLIGENCE.

COURT OF QUEEN'S BENCH.—June 4.

(*Sittings in Banco.*)

EX PARTE SERJEANT *v.* THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

This was an application by a Medical man under the Medical Council Act of 1858, which provides for a general registration of Medical men, and enacts that only those who are registered shall be entitled to sue for their fees. The Council had sent a circular letter to all Medical men, desiring to know if they had ceased to practise, but through his absence from home he did not receive the letter, and did not hear of it until December, 1861. He had since then repeatedly applied to the Council to register him, but his applications had not been acceded to. He now desired a *mandamus* to compel them to register him, and he made an affidavit to the effect that he was duly qualified, and that his right to be registered was not disputed.

Mr. Henry James now moved on his behalf for a *mandamus* to the Council to register him.

The Court granted a rule.

THE QUEEN V. THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

This case raised a question of great importance to the medical profession (and also to the public, on account of the deep interest they have in the character of that profession) under the important Act of 1858, passed "to regulate the qualifications of practitioners in medicine and surgery." The question was as to the functions of the council in regard to registration of medical practitioners. The Act imposes on the council the duty of keeping such registry; and the 14th section provides as follows:—

"It shall be the duty of the registrars to keep their respective registers correct, in accordance with the act, and to erase the names of all registered persons who shall have died, and shall from time to time make the necessary alterations in the addresses or qualifications of the persons registered under the act; and it shall be lawful for the registrar to write a letter to any registered person addressed to him according to his address on the register to inquire whether he has changed his residence or has ceased to practise, and if no answer shall be returned within six months to erase the name of such person from the register, provided that the same may be restored by direction of the general council, should they think fit to make an order to that effect."

Another section (28) provides that for certain causes names may be struck off the list. In the present case the applicant, a Mr. Sergeant, was a member of the College of Surgeons, and had been upon the registry. The registrar sent the usual letter in 1860, and owing to the applicant's absence he did not get it, and in April, 1861, the six months having elapsed without an answer, they struck his name off. He did not hear of it until December, 1861, and in November, 1862, he applied to the council to restore his name. This was not done, and a correspondence ensued, and in the result, in March, 1863, the secretary intimated that it would be referred to the general council, which only met once a year. They met on the 26th of May last, and referred the matter to the executive committee, who were ready to consider the application on being satisfied as to character and qualification. The real question was whether the council had any authority to entertain this question, or were under an absolute duty to restore the name.

Mr. Henry James had, on the part of the applicant, obtained a rule for a *mandamus* to the council to register his name, or to hear and determine the matter.

Mr. M. Smith, Q.C., and Mr. Horace Lloyd appeared on the part of the Medical Council to show cause. The council, they said, were under this difficulty, that by the Act they could only meet once a year, and had now referred the matter to the executive committee. This was done at the next annual meeting after the application.

The Lord Chief Justice said he thought it could not be contended for a moment that the council could arbitrarily refuse to re-enter the name of a practitioner merely on account of the miscarriage of a letter through his accidental absence; and it was not reasonable that the question of the re-entry of his name should be hung up for nearly a year. Surely the council should meet oftener for such purposes.

Mr. M. Smith said they had now delegated such matters to the executive committee, which sat permanently, and were now ready to hear and determine the matter.

Mr. Henry James, on the part of the applicant, said he insisted that the council had no right, in such a case of a mere accidental omission from the registry, to enter into any inquiry into character, but were bound absolutely to re-enter the name; but

Mr. Justice Wightman pointed out that there could be no *mandamus* to the council to register, because the duty of registry was on the registrar. The duty of the council was to hear and determine the matter.

Mr. Horace Lloyd referred to the case of Mr. Bell against the Pharmaceutical Society, in which it had been so held.

Mr. James still urged that the council in such a case had no right to enter into any inquiry as to character, &c.; but

The Lord Chief Justice pointed out that the words of the Act were "if they shall think fit," and thus implied that they were to exercise some judgment.

Mr. Justice Crompton said it could not be contended that the council could not consider under what circumstances the applicant in such a case had been absent or abroad, as they might have been disgraceful, though it might not be so in this case; yet they could not be precluded from inquiry into that matter.

The Court said the applicant could not possibly be entitled to more at present than a *mandamus* to the council to hear and determine the matter, and that they were ready to do, it appeared, without a *mandamus*. If, indeed, they decided against him on a wrong ground there might be a ground for a *mandamus* to register; but it could not be anticipated that they would decide wrongly, and therefore, though the rule for a *mandamus* might be made absolute, the writ need not issue unless the decision should be adverse to the applicant, and he should desire to have the ground of the decision considered.

Births, Marriages, and Deaths.

BIRTHS.

Bailey.—On the 7th inst., at Charles street, Berners street, the wife of G. Hewlett Bailey, M.R.C.S.E., of a son.

Denny.—On the 2nd inst., at Sumner terrace, Onslow square, Brompton, the wife of Dr. Denny of a son.

Fleming.—On the 27th of April, at the Residency, Hydrabad, the wife of J. B. Fleming, M.D., Residency Surgeon, of a daughter.

GRACE.—On the 27th ult., the wife of H. Grace, M.R.C.S.E., of a daughter.

HORNER.—On the 4th inst., at Mildmay road, Stoke Newington, the wife of T. Horner, M.D., of a son.

KELLY.—On the 24th of April, at Agra, the wife of J. P. Kelly, Surgeon of H.M.'s 24th Regiment Punjaubees, of a daughter.

M'DONNELL.—On the 28th ult., at Stoke Newington, the wife of Dr. M'Donnell, of a daughter, prematurely.

PEMBERTON.—On the 28th of April, at Jhansi, India, the wife of G. R. Pemberton, M.D., 34th Native Infantry, of a son.

SOPER.—On the 8th inst., at St George's Villa, Stockwell, the wife of William Soper, M.R.C.S.E., of a daughter.

MARRIAGES.

CAIRNS—PHILLIPS.—On the 1st inst. at Edinburgh, T. Cairns, M.D., to Margaret Jane, daughter of the late J. Phillips, Esq.

DUDGEON—CLARK.—On the 2nd inst., at Glasgow, the Rev. John Dudgeon, M.D., of Pekin, to Mary, daughter of the late Matthew Clark, Esq.

JAMES—PYE.—On the 4th inst., W. Withall James, F.R.C.S.E., to Susan Symons Pye, younger daughter of Capt. Pye, R.N., of Overcliff, Dawlish.

LESLIE—KAYE.—On the 4th inst., at Dublin, Dr. J. Leslie, of Armagh, to Georgiana, eldest surviving daughter of the late G. Kaye, Esq., of Armagh.

TATE—BROWN.—On the 1st inst., at Dublin, D. D. Tate, L.R.C.S.I., to Mary, eldest daughter of the late Gerald Brown, Esq., of Dublin.

WORTS—NICHOLL.—On the 3rd inst., at Ardleigh Church, Edwin Worts, L.R.C.P., of Head street, Colchester, to Janet, second daughter of Sharrington Nicholl, Esq., of Bovill's Hall, Ardleigh, Essex.

DEATHS.

BURROWES.—On the 6th inst., at Gloucester crescent, Hyde park, P. Burrowes, M.R.C.S.E., Surgeon to the London City Mission, aged 47.

DALRYMPLE.—On the 28th ult., at Edinburgh, Archibald Dalrymple, F.R.C.S.E., late Surgeon to the Norfolk and Norwich Hospital, aged 52.

FOX.—On the 2nd inst., at Cottage park, Kilgobbin, Co., Dublin, Thomas James Fox, L.R.C.S.I.

JOHNSON.—On the 2nd inst., at Clarendon street, Dublin, W. H. Johnson, M.R.C.S.E.

NEWTON.—On the 30th ult., at Newcastle-on-Tyne, Wm. Newton, M.R.C.S.E., aged 44.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen passed the first part of the professional examination for the Licence of the College on the 5th inst.:—Charles William Ellis Foster, Leeds School of Medicine; George Lamb, 162 Caledonian-road, Islington; Richard John Lupton, School of Medicine, Liverpool; William Vacey Lyle, St. Mary's Hospital; Jesse Wheelock Thibou, St. Bartholomew's Hospital; Henry George Walker, University College; Walter Thomas Prideaux Wolston, King's College.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen having undergone the necessary examinations, received the diploma of Dental Surgery at a meeting of the Board on the 10th inst.:—David Cormack, Windmill-street, Bedford-square; Edward Llewellyn Davies, Islington; Reginald Forward, King's-terrace, Southsea; Sylvanus Bevan Fox, Southernhay, Exeter; Rudolph Helfrich, Notting-hill-terrace; George Ratcliffe Keeling, Epsom; Henry Tatershall Knowles Kempton, Cavendish-place; Thomas William Gascoigne Palmer, Cheltenham; William Perkins, Prospect-place, Maida-hill; Francis Petty, Southampton; Frederick Ryding, Limerick; Samuel Lee Rymer, North End, Croydon; Henry Smith, Oakley square, Hampstead-road; George Joseph Williams, Cavendish-place.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 4th inst.:—James Acworth Angus, Newcastle-on-Tyne; Thomas Henry Barnes, Clare, Suffolk; Francis Henry Burdett, Birmingham; Davenport Davidson, C.M., Springfield, Wandsworth-road; William Henry Hayward, Church-street Oldbury; Thomas Jewison Jefferson, Market Weighton, Yorkshire; John Douglas Laurie, Bradford, Yorkshire; John Crump Lindop, St. Bartholomew's Hospital; William Llewellyn Nash, Cheltenham; John Sebastian Wesley, 38 Southampton-row.

The following gentlemen also on the same day passed their first examination:—Robert Harrison Nether Levens, Milnthorpe; Richard John Lupton, Liverpool.

APPOINTMENTS FOR THE WEEK.

Wednesday, June 17.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.

Thursday, June 18.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m. Prolapsus Uteri and Vesico-Vaginal Fistula; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.;" Royal College of Surgeons of England, 4 p.m.—Prof. Solly, "On the Brain and Spinal Cord, and some of their Diseases."

Friday, June 19.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, June 20.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, 1 p.m.; Royal Free Hospital, 1½ p.m.;" Royal College of Surgeons of England, 4 p.m.—Professor Solly, "On the Brain and Spinal Cord, and some of their Diseases;" Metropolitan Association of Medical Officers of Health, 7½ p.m.

Monday, June 22.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.

Tuesday, June 23.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.; Anthropological Society of London, 7½ p.m.—W. W. Read, Esq., "On the Bush Tribes of Equatorial Africa."

BOOKS RECEIVED FOR REVIEW.

Outlines of Surgery. By F. Le Gros Clark, Surgeon to St. Thomas's Hospital. London: John Churchill and Sons, New Burlington st.

The Baths of Germany, France, and Switzerland. By Dr. E. Lee. Fourth Edition. London: John Churchill and Sons.

The Watering Places of England. By Dr. E. Lee. Fourth Edition. London: John Churchill and Sons.

Parturition without Pain, or Loss of Consciousness. By Dr. Townley. Third Edition. London: J. W. Davies, 54 Princes street, Leicester square.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

We are again compelled to postpone until next week Dr. Nesfield's Paper on Pelvic Abscess, and Mr. Vose Solomon's on Glaucoma. Dr. G. De Correquer Griffith's Paper is also in type, and will appear next week.

Dr. T. HORNER.—The notice shall be inserted.

Dr. J. C.—The tone of the communication is not of a nature to suit our pages.

A MEDICAL STUDENT.—However much we may be disposed to encourage the free discussion of matters connected with the preliminary education of the members of our Profession, we think that our Correspondent will be grateful to us for withholding the publication of his letter, which displays those very defects in composition and orthography which it is the object of all schemes of education to obviate or correct.

Mr. T. B. SIMPSON.—It is a question on which we are unable to form an opinion until all the facts are laid before us, and we are unacquainted with the Journal from which the extract is taken.

Dr. THUDICHUM.—The subject is a very interesting and important one, and we regret that the crowded state of our columns at present, prevents us from noticing it so prominently as it deserves. If Dr. Thudichum will write a short communication on the subject, we shall be happy to insert it.

We have received a copy of the 'Wilts and Gloucestershire Standard,' containing a leading article in reference to the alleged non-payment of Medical fees to a Provincial Medical Practitioner by the Agent of a London Life Assurance Company. As the subject is still under legal investigation, we are unable to allude to it further at present, but we shall be obliged by the receipt of any additional information.

To the Editor of the Medical Circular.

DEAR SIR,—I send a *flagrant puff* which I have taken from the 'Irish Times' of the 5th inst., newspaper. I had hoped that the time of such notoriety seeking had passed by, but this article is copied from a Limerick paper, and Killaloe is only a short distance from Limerick. I am, &c., R. S.

"SURGICAL OPERATION.—That difficult operation for hare-lip has been successfully performed by Dr. Thomas Burke, of Killaloe, for the fourth time within the last two years. The little sufferer, aged three months, is the child of Mrs. Fitzpatrick, Scariff, county of Clare. The deformity was very great, involving the palate bones. The doctor was assisted by his son, Mr. John G. Burke.—'Southern Chronicle.'"

THE ANTHROPOLOGICAL SOCIETY OF LONDON.—The notice has been received.

Mr. G. DE CORREQUER GRIFFITHS.—The notice and the paper have been received.

Mr. DOLAN shall receive a private note.

Mr. ANDREW HENDERSON'S letter has been received, and shall receive early attention.

THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.—The additional minutes have been received.

W. W.—The question is very doubtful, and he certainly would not be entitled to recover in Medical cases.

A FELLOW OF THE COLLEGE OF SURGEON.—The views expressed in the letter of our esteemed Correspondent are so exactly similar to those in one of our leading articles, that we have thought it unnecessary to publish it.

PARISIAN MEDICAL NEWS.

LEARNED SOCIETIES.

Academy of Sciences.—In our last account of the transactions of the Institute, we omitted to record Mr Bonnafont's opinion on the effects of consanguineous unions. After alluding to the universal belief that such marriages are injurious to the development of the human race, the author points out a desideratum in the various researches on the subject; the share of influence of these marriages on other organs besides the organs of hearing does not appear to him to have been sufficiently inquired into. In spite of this omission, Mr. Bonnafont conceives, however, that the statistics hitherto brought forward clearly establish the necessity of adopting some measures calculated to restrict the number of intermarriages between near relations.

— Mr. Marville, of Rheims, has forwarded to the Academy a paper relative to an apparatus of his invention for the protection of the ear in certain forms of otitis, and in diseases of the external auditory duct.

— Mr. Larcher related a singular case of imperfect development in a gallinaceous bird in which one wing and the corresponding leg are absent; he remarked, as a singular fact, that the malformation was here observed in the right side, which is usually the strongest.

Mr. Larcher then invited attention to the constant coincidence he has noticed between the absence of the radius and that of the thumb. On three separate occasions, at the hospital of La Maternité, he remarked this coincidence, and he has recently met with a fourth case which confirms his previous observations, and imparts to the fact the character of a general law of teratology.

— A memoir was then read by Mr. Puech on *the influence of vicarious menstruation on ovulation.* The author concludes his paper as follows:

Vicarious menstruation has been observed in all parts of the body, but the supplemental hæmorrhage has, however, been more frequently noticed in a few organs Thus, in a hundred cases, it originated from the stomach in 33 instances, in the breast in 25, in the lung in 24, and in the Schneiderian membrane in 18.

The premonitory signs of the deviation of the *molimen hæmorrhagicum* consist in hysterical symptoms, or in excessive nervous irritability.

In general, the menses are entirely absent (183 cases), but sometimes (in fifteen instances) a slight exudation of blood from the womb coincides with the vicarious discharge.

The organs of generation are habitually in a healthy condition; in a few instances, however, they are more or less diseased. Thus, in eleven females, Mr. Puech noticed accidental or congenital occlusion of the os uteri.

With the exception of such cases, amenorrhœa does not necessarily imply sterility. Unless the entire system is considerably out of order, ovulation continues, and rupture of the Graafian vesicle coincides with the appearance of the vicarious hæmorrhage.

Pregnancy, therefore, is possible, and has been known to occur. It checks the vicarious menstruation, which may return after delivery or weaning.

This deviation of a natural function is compatible with health, and may last from puberty to the age at which menstruation ceases. It is, however, unquestionably a morbid condition, which must be viewed as serious, and occasionally as endangering the life of the subject.

Academy of Medicine.—Amongst the communications forwarded to the Academy, we notice the two following:

In the first place, Mr. Maisonneuve exhibited a series of tumours which he has removed by his system of arrow-cauterisation: an entire cancerous breast, the left side of the tongue from the apex to the epiglottis, a most intricate naso-pharyngeal polypus, a cystic tumour of the size of an egg, developed in a lymphatic gland in the breast, were amputated as we have stated, without suppuration, and with a very trifling degree of secondary inflammation.

Dr. A. Mercier read a paper entitled, "A new mode of catheterism by invagination."

Mr. Mercier remarks that valvular structures situated at the neck of the bladder, hypertrophy of the prostate gland, especially at the back of the *veru montanum*, frequently throw insurmountable difficulties in the way of the surgeon, especially when former attempts have induced the formation of false passages. In order to reach the bladder, Mr. Mercier has proposed several procedures, one of which has already been described under the denomination of *invaginated catheterism.* To perform the operation, he bevels the single orifice with which a large sized pewter catheter is supplied on its concave side, so that the cavity of the instrument may present an inclined plane towards this aperture. He inserts into the urethra the instrument, the point of which obstructs the false passage, and a very flexible india-rubber sound is then introduced into the metallic catheter, issues at the eye, between the anterior margin of the neck of the bladder and the obstruction, which almost invariably is situated posteriorly.

This procedure, however, can only be applied for the purpose of drawing off the urine. In other cases, when it is necessary to examine the bladder or its neck, and a metallic catheter cannot penetrate, although a flexible instrument is readily admitted, Mr. Mercier inverts the above plan, and uses the elastic as a conductor for the metallic tube.

Our readers are acquainted with the angular catheter which the author recommends for the exploration of these deep-seated regions. He has caused an instrument of the same description to be constructed in steel, of a diameter of a line and a half only. The extremity is perfectly smooth and slightly bulbed, the angle somewhat more open, and the shaft, which is twenty-two inches in length, consists of two equal parts screwed on to each other. The mouth-piece is moveable, and can be adjusted to either portion of the shaft.

The shape of the conductor must vary in each case, according to the degree of facility with which a straight or curved catheter can be passed into the urethra; in general, however, the incurvation should be considerable. The instrument should be solid and not liable to be frayed or torn by the metallic catheter. Its cavity, moreover, should be much wider than the diameter of the latter, an important circumstance, as will presently appear.

"One particular," says the author, "caused me at first much perplexity, but I at last succeeded in solving the problem in a satisfactory and simple manner; I allude to the aperture through which the metallic tube must pass in order to reach the bladder. I selected as a conductor a bougie of appropriate dimensions, and with a sharp knife established at its extremity a kind of button-hole running in an extent of half an inch from its point, along its concave aspect. When the bougie is inserted this aperture remains perfectly closed, and readily allows of the metallic tube being forced through it. The outer surface of the distal portion of the conductor should be covered with thread, in order to offer a more secure hold to the hand, and it should be greased both outwardly and inwardly. Before the insertion of the catheter it is proper to distend the bladder by an injection thrown in through the conductor."

In order to prevent the escape of the injected fluid during the operation, Mr. Mercier holds with the fingers of the left hand a cotton plug closely applied to the orifice of the conductor, while the catheter is gently propelled with the right hand.

When the instrument has penetrated into the bladder through the button-hole of the bougie, the latter is gently withdrawn; the metallic catheter is elongated by the addition of its supplementary shank, and the elastic tube is drawn over it as over a mandril. The unnecessary portion of the shaft is then unscrewed and replaced by the mouth-piece, and nothing remains within the organs but a common catheter.

"I have as yet had two opportunities only," says Mr. Mercier, "of using this apparatus. I failed the first time in reaching the bladder, because, on the one hand, the metallic rod was too short, and on the other, the elastic sound was found to be too narrow when inserted into the urethra, although before its dimensions were sufficient. I was there-

fore compelled to perform catheterism during anæsthesia. Further consideration and experience, however, have explained the cause of the failure, and in my second patient the procedure answered so admirably, that I have no hesitation in strongly recommending its adoption. As a preliminary step, it might perhaps be advisable to prepare the conductor for the reception of the catheter by the introduction of the elastic mandril, which I have described under the name of the *depressor*."

BIBLIOGRAPHY.

Art. 6452.—*Traité Pratique des Maladies des Yeux* (A Practical Treatise on Diseases of the Eyes), by — *Wharton Jones, Esq., Professor of Ophthalmic Surgery in London, Translated by — Foucher, M.D., Fellow of the School of Medicine of Paris, &c. With Annotations.* (*a*)

Etudes Ophthalmologiques. Traité Théorique et Pratique des Maladies des Yeux (Ophthalmological Inquiries, being a Practical and Theoretical Treatise on Diseases of the Eyes), by *L. Wecker, M.D. Vol. 1st, first number.* Diseases of the Conjunctiva. (*b*)

Traite Médical Pratique des Maladies des Yeux (A Practical Medical Treatise on Ophthalmology), by *E. Martin, M.D., Oculist at Marseilles.* (*c*)

Compte-rendu de la Deuxième Session du Congrès International d'Ophthalmologie tenue à Paris en 1862 (Transactions of the Second Session of the International Congress of Ophthalmology, held at Paris in 1862), by *Messrs. Giraud-Teulon and Wecker, Hon. Secretaries.* (*d*)

Etudes Cliniques sur l'Evacuation répétée de l'Humeur Aqueuse dans les Maladies de l'œil (A Clinical Inquiry into the Efficacy of the repeated removal of the Aqueous Humour in Diseases of the Eyes), by *C. Sperino, M.D., Professor of Ophthalmology at Turin.* (*e*)

If the science of ophthalmology is not fully elucidated, it is assuredly not for want of exponents. Works on the subject abound, and so great is the affluence of French and foreign publications, that we must confine our remarks to a cursory survey of each. Adopting the order in which these volumes have been presented to us by their authors, we shall in the first place notice the work of Messrs. Wharton Jones and Foucher.

— We purposely associate the names of these two gentlemen, because were it not for the participation of Mr. Foucher, the production of the Professor of University College, although replete with useful information and details which are new to French readers, would still present considerable deficiencies, and erroneous interpretations. The English author expounds, it is true, with remarkable accuracy, the present condition of the science to which he has devoted his attention, but seems to care little to take any personal share in its advancement.

On the other hand, Mr. Wharton Jones adopts the views of Beer's school, and divides ophthalmia into varieties corresponding to different diathetic conditions, which impart a peculiar and pathognomonic aspect to each disease of the eyes. This, however, is often founded on mere conjecture. Thus, Mr. Wharton Jones describes ophthalmia *in general*, and in his study of each morbid state of the membranes of the eye dwells on the scrofulo-catarrhal, catarrho-rheumatic, scrofulous (postero-internal), arthritic (postero-internal) forms of ocular disease.

We would not be understood to deny the influence of general causes on the production of ophthalmia, and they must obviously be borne in mind in order to institute judicious measures of treatment, but it is rash, in our opinion, to infer from the local condition of the organ that such or such a diathesis is present, and to conclude, for instance, from the existence of the *pericorneal circle*, or arthritic haze of Beer, that rheumatic disease co-exists, and should be contended with by a peculiar medication, whereas, on the contrary, the subject may be distinctly scrofulous, and require tonics and restoratives.

A few remarks of Mr. Foucher restore to the anatomical changes their true interpretation. After having described (page 21) the mode of formation of the zonular vascularity, the French author observes that the radiated arrangement of the turgid blood-vessels does not constitute a pathognomonic of rheumatic ophthalmia, inasmuch as it is present in traumatic iritis or corneitis, as well as in the inflammations referrible to the action of cold, etc.

Another equally sagacious observation of Mr. Foucher applies to those who, utterly rejecting Beer's doctrines, admit only of anatomical classification, and describe as entirely distinct affections iritis, choroiditis, conjunctivitis, etc., wilfully shutting their eyes to the fact that a combination of these various morbid conditions occurs in the greater number of cases observed in practice.

"Inflammatory action," says Mr. Foucher, "is never exclusively localised in a single one of the membranes of the eye, (Mr. Deval excepts conjunctivitis with some reservation), and under the denomination of Keratitis, iritis, choroiditis, &c., the pathologist designates inflammations, the chief seat of which is the cornea, iris, or choroid."

Annotations of this kind abound in the volume, and a truly scientific character is imparted to Mr. Foucher's translation by lucid remarks on the theory and use of the ophthalmoscope, the measurement of phosphenes and of the field of vision, changes in the retina and choroid revealed by the progress of modern investigation, strabismus, and disturbances of accommodation. These important additions, the result of practical research, occupy no less than 250 pages, and without altering the spirit of the book, which is unmistakably English, impress on the publication an original stamp, and make it one of the most useful manuals which has yet been offered to the Profession.

— We have just noticed an English publication dressed up in French colours; the dedication of Mr. Wecker's *Opthalmological Inquiries* to his master Professor De Graefe had induced us to hope that his work would be an echo of the doctrine of the School of Berlin. In this expectation we have been disappointed. In the present monograph, which is but the introductory number of a complete treatise Mr. Wecker has pledged himself to produce, nothing betrays the Germanic origin of the publication. The fasciculus before us is a very accurate and ingenious conspectus of the actual state of science with regard to diseases of the conjunctiva, but the doctrines of M. de Graefe and his school are not brought into conspicuous relief. We would have preferred it had been otherwise, and if Mr. Wecker had not assumed an eminent position amongst Parisian ophthalmologists, which, perhaps, explains his Cosmopolitan tendencies, we should express our regret that he has not remained sufficiently Prussian.

The production in question, however, is devoted exclusively to affections of the conjuctiva, with which in France all practitioners are well acquainted. When Mr. Wecker addresses himself to the other parts of the extensive subject he has undertaken to expound, we shall doubtless find many opportunities of expressing unreserved approbation of his personal views.

— Meanwhile, an elegant little volume, edited by J. B. Baillière and Son, and bearing the modest title of *A Practical Medical Treatise on Diseases of the Eyes*, reaches us from Marseilles. The Author, Dr. E. Martin, oculist of the Dispensaries of the city of Marseilles, declares that he has purposely omitted alluding to the surgical treatment of ocular affections, for the particulars of which the reader is referred to ex-professo works published by specialists.

(*a*) One vol. 12mo., pp. 740, with 4 steel engravings, and 143 diagrams. Chamerot, Paris.

(*b*) One vol. 8vo, pp. 210, with one plate. A. Delahaye, Paris.

(*c*) One vol. 12mo., pp. 312, with 17 diagrams, and 10 coloured plates. T. B. Bailliere and Son, Paris.

(*d*) One vol. 8vo., pp. 252. T. B. Balliere and Son, Paris.

(*e*) One vol. 8vo.. pp. 496. A. Delahaye, Paris.

The volume is therefore essentially *Medical*, and written for the benefit of country practitioners.

"I have endeavoured," says the author, "to describe with concision and clearness the various affections of the eye, and have especially directed my attention to their medical treatment, and made minute researches in the publications of former writers. Numerous prescriptions and manifold hygienic and therapeutic methods of treatment, will be found in the present volume, and no effort has been spared to supply the reader with every detail calculated to assist him in the management of each separate disease."

This preface is perfectly truthful. Mr. E. Martin, as the extracts we have published above (Art. 6445) can testify, has fully accomplished his purpose and supplied all the requirements of every day practice. Although not so exhaustive as the treatise of Wharton Jones, with Mr. Foucher's annotations, Mr. E. Martin's book is an excellent practical guide, and its carefully executed engravings give a correct idea of the benefits recently conferred by the ophthalmoscope.

— Messrs Wecker and Giraud-Teulon have, in combination, published the *Minutes of the Last Session of the International Ophthalmological Congress*, a work edited by Dr. Warlomont, by order of the Committee. These minutes present us with a large number of French and foreign communications, translated papers, and conflicting opinions expressed in debate on various points of ocular surgery. Thus, in the discussion raised on the purulent ophthalmia of armies, Mr. Courserant, who conceives the affection to consist in a tendency to vegetation of the tarsus, proposed for its cure to pare away the cartilage, a remedy which Mr. Anagnostakis declared he would dread infinitely more than the disease.

Mr. Desmarres described a method of cauterisation calculated to obviate relapses in chronic inflammation of the lachrymal passages.

For the present, Mr. Desmarres is satisfied with destruction of the sac, which he does not effect with the actual cautery, but with about half a drachm of dry chloride of zinc deeply inserted into the cavity, and dressed with lint and uninterrupted applications of ice. By the excision of the lachrymal ducts and cauterisation the desired result is attained, and no sacculus remains in which purulent matter can accumulate.

With regard to the inoculation of the gonorrhœal secretion in pannus, a method which, since Mr. Van Roosbroeck's interesting experiments, and Mr. Warlemont's publications, has gained much favour in Belgium. Mr. Desmarres has once successfully applied it, but considers the procedure too hazardous to be generally resorted to, especially if the other eye be healthy. The reserve of the eminent Parisian oculist is in strong contrast with the confidence expressed by Mr. Warlemont, who triumphantly alludes to the benefits conferred by inoculation in many cases of pannus, in which various other plans of treatment had unavailing been instituted. (*a*)

— These minutes contain many valuable documents, and the following extract will enable our readers to judge of the present state of the question discussed by Professor Sperino in his *Clinical inquiry into the efficacy of repeated tapping in diseases of the eyes.*

The immense share of disturbance of the internal circulation and the influence of the choroid on affections of the eye-ball attracted the attention of Mr. Spérino as well as that of other oculists. The celebrated professor having witnessed the good effects of iridectomy in iritis, irido-choroiditis, glaucoma, phlegmonous inflammation consequent on the operation in cataract, etc., acquired the conviction that its favourable action was due to the restoration of the inner circulation of the eyeball to a healthy condition. These discoveries for which ocular surgery is chiefly indebted to Mr. de Graefe, suggested to Mr. Spérino experimental inquiries, which led him to adopt the plan of repeatedly removing the aqueous humour, in order to modify the circulation, the innervation, and the nutrition of the organ, and thus to contend by tapping alone, or in combination with iridectomy, with a variety of morbid conditions among which we may mention iritis, irido-choroiditis, glaucoma, pannus and cataract.

All desirable particulars relating to this new method of treatment will be found in Mr. Spérino's interesting work. Confining our remarks, however, to the effects of *paracentesis oculi* in cataract, we shall briefly reproduce the principal features of the debate which took place on the subject at the meetings of the Ophthalmological Congress in Paris.

Mr. Rivaud-Landrau related four cases, the issue of which showed that the method was innocuous, it is true, but unavailing.

Mr. Reymond, of Turin, Mr. Spérino's assistant and his collaborator in the work above alluded to, observed, in reply, that puncture of the cornea had been found more especially useful in cases of finely dotted cataract, which progresses rapidly, and promptly invades the entire lens. Incipient or complete cataract of various date, and in general hard, dark-coloured, and uniformly diffused opacity in the aged, would unquestionably not be benefited by the operation of paracentesis.

Mr. Borelli has not had the same good fortune as Mr. Spérino. He tapped the eye in twenty-one cases of cataract of every description, and obtained but temporary amendment. In two patients, phlegmonous inflammation set in, causing destruction of the eye, and in others neuralgia, hæmorrhage, and other evil consequences supervened.

It would, however, appear from the experience of Dr. Quaglino, of Pavia, that when the operation is *dexterously* performed it causes but little pain, and is seldom dangerous. The results at the University of Pavia and at Milan were the following:—For a period of nine months Mr. Sperino's procedure was resorted to in 42 cases of cataract, viz., "The cornea was perforated at its margin with a very narrow-bladed instrument, and with a blunt style, the wound was opened, and the aqueous humour removed every day or every second or third day." In 17 cases paracentesis, repeated from ten to twenty times, induced positive improvement of vision, and in two women sight was almost completely restored; although the ophthalmoscope showed that the opacity had scarcely diminished in extent, except in mild cases, in which the lens seemed to have, in some slight degree, become more translucid.

Mr. Quaglino also remarked that the operation had almost invariably removed the photophobia, phosphenes, and pains which frequently coincide with the formation of cataract.

In conclusion, it is prudent in the appreciation of the value of paracentesis to refrain from sanguine expectations which experience does not entirely justify, but thanks are, however,

(*a*) In the last number of the *Archives Médicales Belges*, we notice important remarks on the subject, by Dr. Hairion, a military surgeon, Director of the Ophthalmic Institute of the Army, and Professor of Ophthalmic Surgery at the University of Louvain.

Mr. Hairion inoculated gonorrhœal matter in thirty cases, and in twenty-eight the results were perfectly satisfactory. Not only did the pannus disappear, but the palpebral granulations spontaneously subsided. According to the Author, the two conditions necessary for the success of the operation are, in the first place, that the texture of the cornea be sufficiently protected by the pannus from the destructive action of the pus, and secondly, that the inflammation be of an acute character, inducing active muco-purulent secretion, and further, the symptoms must be entirely left to Nature. The surgeon should interfere only if the inflammation threatens to invade the deep-seated parts of the organ.

Despite the wonderful results of inoculation, Mr. Hairion is of opinion that the method is applicable but in exceptional cases, and when *the pannus entirely covers the cornea, and occupies both eyes, or one, provided the other is utterly blind.*

In most instances, Mr. Hairion institutes what he terms the *rational* treatment, which he has invariably found effective in upwards of 150 patients in the course of eleven years.

After the removal of all complications, Mr. Hairion proceeds as follows:—If the pannus be unattended with pain stimulant scarification is performed on the parts of the conjunctiva adjacent to the cornea; in acute pannus merely depletive scarification is sufficient. Superficial cauterisation is then resorted to with a strong solution of nitrate of silver or tannin (ac. tannic. ℈j., aq. destill. ℥ij. mucilag. ℈j.), over the cornea and conjunctiva. Mr. Hairion considers the tannin solution far preferable to all other astringent collyria.

In addition to these measures, internal remedies, appropriate to the general condition of the subject, are likewise exhibited.

We may add, in conclusion, that in Mr. Hairion's opinion, this plan, and in case of failure, the inoculation of gonorrhœal matter, is more likely to yield good results than the conjunctival abrasion proposed by Mr. Furnari for the cure of pannus. H. C.

due to Mr. Spérino for having promulgated an operation which is undoubtedly beneficial in various diseases of the eye, and which may yet perhaps be found useful in the treatment of cataract.

MISCELLANEA.

A sum of 40*l.* having been presented to the *Société Medico-psychologique*, by Mr. E. André, to be awarded as a prize to the author of the best Essay *on Reasoning Mania*, the Society has decided that the question shall at once be put up for competition.

Memoirs and papers to be forwarded to the Hon. Secretary, Dr. Brochin, before the 31st December, 1863, 7 Boulevard Sébastopol, Paris.

— In his will drawn up at Jerusalem in September 1862, Dr. E. Godard left to the Anatomical Society of Paris, a sum of 420 francs, to be awarded *every two years* to the author of the best paper on *Anatomy, morbid or physiological, or Teratology.*

All *French* or *Foreign* candidates will be admitted on the condition of sending in a memoir on the subjects above-mentioned, accompanied by a letter expressly stating that the paper is intended for competition for the Godard prize. Two copies of printed memoirs published within three years, and not previously recompensed by any other society, to be forwarded.

As the prize will be adjudged for the first time in January, 1865, works printed previously to January 1st, 1862, are excluded.

Candidates are requested to send in their papers (post-paid) to the Archivist, Dr. Poumet, 108 Rue de Richelieu, Paris, at the latest before the 1st of August, 1864.

— Dr. Guggenbühl, the founder of an asylum for cretinism, has died at Basle, in Switzerland, leaving by will 24,000*l.* to the Moravian Brothers, for the purpose of continuing the foundation under the name of the *Guggenbühl Asylum.*

The learned editor of the *Journal des Connaissanes Medicales* announces the fact, and adds the following somewhat unexpected comments on the subject of cretinism :—

"Let us hope," says Mr. Caffe, "that the Moravian Brothers, who have no reason to persist in an undertaking thrice accursed by experience, reason and morality, will reject a legacy burthened with impracticable obligations. Guggenbühl never succeeded in curing or even in improving the condition of a single cretin, suffering from real and incurable organic disease of the brain and spinal cord.

"I have already publicly stated my view of the matter. The most certain and humane method of eradicating cretinism, which is transmitted by hereditary descent only, is to have recourse to castration.

"This operation, which has been too often resorted to for the purpose of qualifying individuals for the Seraglio, or the organ-loft, is not dangerous, and with the assistance of chloroform may be performed without pain.

"In the case now alluded to, it is not prohibited by feelings of humanity. The cretin will thus be deprived of an organ dangerous to himself, and a cause of immorality. The cretin is habitually incestuous, has no idea of family ties, and is not even like the brute-species guided by instinct. Emasculation will put an end to the hideous aspect of a physical and moral infirmity propagated by voluntary or accidental victims to the passions of the idiot."

With regard to female cretins, Mr. Caffe's logic somewhat softens, and merely demands the mechanical closing of the labia.

— The Profession has recently experienced a severe loss in Mr. Moquin-Tandon, Member of the Institute and Academy of Medicine, Professor of Natural History at the Faculty of Medicine of Paris, &c. Mr. Moquin-Tandon died at the age of fifty-nine.

—It is also our melancholy duty to record the demise of Messrs. Thirial of Paris, Pujos of Bordeaux, Azam-Dijon, of Alby, and Lachèze, of Angers.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

FISSURA RECTI: OPERATION AND PERITONITIS.

By G. de Correquer Griffith, M.R.C.S. Eng., L.M. Dublin; Member of the Surgical Society of Ireland, and of the Dublin Obstetrical Society, House-Surgeon, London Surgical Home.

Miss M., æt. twenty-six, strong, well-made, and robust; suffering from fissure of rectum, from ulceration and hypertrophic thickening of os uteri. Her usual medical attendant divided the fissure by two incisions, and then dressed it in the ordinary method, giving her immediately afterwards, pulv. opii., gr. j.

That night she "had several shivers, which shook the bed under her," and also "constant vomiting of green and yellow matters." I saw her on the following afternoon, when she seemed *in articulo mortis*; face pale, with livid patches upon both cheeks; anxious and pinched; eyes sunken and with livid halo; tongue with greenish fur on outsides, centre and tip being red, *but it was moist*; lips dry; entire surface of body very cold; pulse almost nil; she lies on her back, knees drawn up; respiration thoracic; constant emesis of green bitter fluid; abdomen exquisitely tender to touch or to deep pressure, latter being intolerable. I withdrew lint from rectum, and with it a large clot that seemed to have collected above it; I could detect no internal hæmorrhage. Immediately I had ½ doz. large leeches applied to the most painful spot, and had the rest of abdomen covered with fomentations of hot turpentine, the fumes of which she inhaled from another hot flannel placed near her mouth. She had also two tablespoonfuls of iced brandy and the same quantity of iced water, which were repeated every two hours. As soon as the leeches fell off, bleeding was encouraged by hot-water fomentations constantly applied for half an hour, followed by light linseed poultice over *entire* abdomen, into which the bites bled freely to ensure a continual weeping: ʒj. unguent hydrarg. F. was rubbed into each axilla every two hours. Four hours after the above were put into force I saw her: vomiting ceased, only slight nausea remaining; reaction set in; face somewhat anxious, not pinched, and the livid patches superseded by the glow of reaction pulse soft and full; body warm and moist; legs able to be stretched in bed with scarcely any pain; distension and tympanitis much diminished, she having passed large quantities of flatus.

As she had eaten nothing all day, I *now* ordered strong beef-tea injections in small quantities at short intervals, and by the mouth one tablespoonful of brandy and water every two hours; turpentine fomentations repeated, and followed by fresh poultices; leech bites still to be kept weeping. Next day she was better, and progressed to a favourable recovery. It may be objected that I did not bleed from the arm: I dare not, since my patient seemed suddenly to have been blighted by the attack,—that I did not at once feed by the bowel; my object was to have the hydrarg. the more rapidly absorbed by the system, hungry from want of nutriment and eager to devour anything presented, stimulated as it was to reaction and increased power by the brandy.

This case I bring under notice, first, because of the simplicity yet effectiveness of the treatment; secondly, to mention that, as the medical man had been a few days previously in attendance upon a child with erysipelas of left thigh and leg (a sequel to operation for recto-vaginal fistula), this might be considered a case of erysipelas of peritoneum, especially when I add that in the practice of the same man a patient from bleeding uterine fibrous tumour had, after more vaginal examination (followed by profuse hæmorrhage) been attacked with the same form of erysipelatous peritonitis, contracted no doubt from the same child, both being patients at the same time in the same house. If memory serve me rightly, Dr. Jamieson, of Dublin, has put on record cases of external erysipelas, spreading from the skin per anum to the intestines. This case, in conjunction with his, may not, therefore, be wholly devoid of interest.

"Contract" Spirits and Sugar.—Dr. Cameron, Public Analyst to the City of Dublin, has reported to the authorities that the brandy supplied to the South Dublin workhouse was a spurious article consisting of spirits of wine coloured and flavoured. The sugar contained a large proportion of treacle with spornles of fungus and other impurities; it also contained a species of acarus, to the number of at least 100,000 to every pound. The authorities have ordered a legal investigation of the matter.

A Negro Doctor.—Among other evidences of the intelligence of the Negro race, we learn that a coloured surgeon, named Dr. Augusta, has been recently commissioned in the United States army. On his way to join the army he was subjected to much annoyance from the anti-abolitionists.

THE MEDICAL CIRCULAR.

WEDNESDAY, JUNE 24, 1863.

ST. THOMAS'S AND BETHLEHEM HOSPITALS.

In our last number we stated that the questions respecting the removal of Bethlehem Hospital, and the purchase of a new site for St. Thomas's were not definitively settled, and we represented the probability that existed of a renewal of the negociations between the Governors of the respective institutions. We also observed that it was not unlikely that the matter would be brought under the notice of the Legislature, more especially as it was known that the Commissioners in Lunacy were unfavourable to the continuance of Bethlehem Hospital on its present site.

Our anticipations have been realised, for we find a document printed last week, addressed by Sir George Grey, on behalf of the Government, to the President of Bethlehem Hospital, accompanied by a memorial from the Commissioners in Lunacy, both of these papers strongly urging the removal of Bethlehem Hospital from its present site; and we also find that a deputation, representing various parishes of South London has waited upon the Earl of Shaftesbury, as Chairman of the Lunacy Commissioners, taking the same views, and urging the purchase of the Bethlehem site by the authorities of St. Thomas's. Lord Shaftesbury, in answer to the deputation, spoke his opinions very freely, and we must compliment his Lordship, in these days, when deputations are received with only cool and unmeaning common-places, for the straightforward manner in which he dealt with the subject.

He stated that the present building was altogether unsuitable, and that with the means at the disposal of the Governors, and the advantage of another and more capacious locality, there might be accommodation for double the number of patients who were now received. His Lordship also animadverted in no measured terms upon the conduct of the Governors, who, numbering from 200 to 250 persons, could very rarely assemble more than 30 or 40 to discuss the vital interests of the great charity, the funds and benefits of which they profess to administer. He advised that petitions should be forwarded to both Houses of Parliament, and promised that he himself would present one, and also speak upon it.

In Sir George Grey's communication to the Governors of Bethlehem, he expresses his concurrence in the views entertained by the Commissioners in Lunacy as to the desirability of changing the present site of the Hospital, and strongly recommends that the opportunity now offered of removing the institution to a more suitable locality should not be allowed to escape. The Commissioners give at length the reasons which induce them to disapprove the present position of Bethlehem but it is unnecessary to follow them in detail, because the principles they enunciate are admitted and acted upon by all who are concerned in the well-being of insane patients.

Thus the pressure which we foresaw would be brought to bear upon the Governors of Bethlehem, may be confidently expected to produce some good results at no distant period. Our suspicion that some private or personal interests are really in the background during the late prolonged discussions are strengthened as time rolls on, although it is probable that the secret influences to which we allude will never be revealed. It is only doing justice to the Governors of St. Thomas's, to exonerate them from placing any unnecessary obstacles in the way of the negociations. St. Thomas's Hospital was driven from its site by the force of unavoidable circumstances, and its Governors have done the best they could to find a convenient spot for the erection of a new building. It would be obviously inconvenient, and in opposition to the founder's wishes, to remove the site into the country, and as far as we can judge, the present site of Bethlehem would answer the desired purpose. A large general hospital should be situated in the midst of a large population, and this is the very place where a large lunatic asylum should *not* be placed.

A meeting of the Governors of Bethlehem Hospital was held on Monday, when it is most probable that the letters of Sir George Grey, and the Lunacy Commissioners would produce some decided and beneficial effect.

As we are going to press, we have received a printed letter emanating from the Medical Staff of St. Thomas's Hospital, and addressed to the Treasurer, comparing the only two sites for the new building which appear to them to be of first-rate excellence, namely, the site now occupied by Bedlam, and another at Stangate, near the south end of Westminster-bridge, and directly facing the Houses of Parliament. The entire Medical Staff of the Hospital submits to the Governors its unanimous and most earnest recommendation that the river-side site at Stangate be chosen for the reconstruction of St. Thomas's.

SUMMARY OF THE WEEK.

THE FORTHCOMING ELECTIONS AT THE COLLEGE OF SURGEONS.

The interest and excitement of the Surgical Profession in reference to the coming elections of Councillors at the College, increase as the day of election approaches. All parties seem pretty well agreed that Mr. Lane's claims to a seat in the Council are so strong as to leave very little doubt of his election, and Mr. Busk is said to have considerable support within the College itself. As Mr. Busk, from his modest and rather retiring disposition, appears to be too little known to the great mass of the Profession, it may be as well to state that he is not only a very skilful and accomplished Surgeon, but one of the best naturalists and comparative anatomists of the day, and his election to the Council would certainly do no discredit, but just the reverse, to that distinguished body. A very strong effort is being made to secure the election of Mr. Hancock, the well-known Surgeon to the Charing Cross Hospital, and he has, we believe, the strong support of the provincial Fellows. There can be no doubt whatever that Mr. Hancock's election would give universal satisfaction. The fourth candidate, Mr. Curling, is likewise a gentleman of great and well-deserved reputation, and of agreeable and conciliatory manners, but it is supposed that he is favourable to the routine system, and that as far as he is concerned he would prefer to see the two retiring Councillors re-elected. It is also remarked, that the London Hospital, with which Mr. Curling is connected, has already two representatives in the College Council, namely, Mr. Luke and Mr. John Adams.

SMALL-POX AND VACCINATION.

We take considerable credit to ourselves in having consistently urged upon the Profession, and also, we hope, in some measure upon the public, the necessity of studying thoroughly the laws which regulate the occurrence of Small-pox, and the measures taken for its prevention. Week after week, of late, have we pointed out what seemed to us to be the correct indications for the treatment of this disease and

for the prevention of future outbreaks, while our contemporaries, with a few exceptions, appeared to give little attention to the subject, unless indeed in giving publicity to such twaddle (we can call it by no other name), as the miraculous power of the Sarracenia purpurea, which, we are now inclined to believe has been merely introduced from America as a trading speculation, and the remedial powers of which in Small-pox or any other disease, rest on no reliable evidence whatever. Now that the danger is in some measure passed, and on the principle of shutting the stable-door after the steed is stolen, our Medical Contemporaries are coming out rather strongly with Lectures, and Papers, and Letters, all advancing the very same principles and laws, which we ourselves were advocating at the time when such advocacy was of real use. We need only refer to our articles on the necessity of *efficient* vaccination, and of a due superintendence of vaccinators, on the advisability, if not necessity of periodical re-vaccination, on the very dubious efficacy of the Sarracenia, and many other articles, in support of our views. It will be seen, by our Parliamentary Report, that Government is at last beginning *to think about the subject.*

CONVICTIONS UNDER THE MEDICAL ACT.

Two cases have lately occurred in which persons pretending to be Medical men, and acting in that capacity, have been prosecuted and convicted. The first was a man named Robert Fell, who has been fined 5*l.* with costs by the magistrates at Liverpool for practising as a Doctor of Medicine. He once had his name on the door with the addition of Surgeon, but this title he removed on the passing of the Medical Act, thinking thus that he should avoid prosecution. His treatment of all cases seems to have been confined to the application of whiskey and water to the head, and mustard and water to the feet. It was shown that three children had died under his care. The second case was that of a person named Thomas Hetherington, who was summoned before the Hartlepool Police Court, by the Secretary of the Hartlepool Medical Registration Association, for using the title of "Dr." thereby implying that he was recognised as a Medical practitioner. It was stated that this person had a large brass plate on his door, indicating that the house was "Dr. Hetherington's Private Dispensary," that he circulated bills under the same title, and that he had no qualification and was not in the Medical Register. He was also fined 5*l.* with costs, or two months' imprisonment. Thus it will be seen that the Medical Act is doing good by weeding out some at least of the quacks who impose upon the credulity of the public, especially the poor and ignorant classes.

THE TYRANNY OF FASHION.

The luxuries of the rich, by the necessary laws of all human institutions, minister to the necessities of the poor, and every lady who decks her person with the ornaments fabricated by the industry of her inferiors, does more service to society than if she gave away large sums of money in indiscriminate charity. But the hearts of many ladies in the upper ranks of life would melt in pity if they knew of the misery and privation endured by many of their sex in their humble efforts to maintain themselves by the labour of their hands. The following letter addressed to the 'Times,' requires no comment on our part beyond a brief record of the sequel:

Sir,—I am a dressmaker, living in a large West-end house of business. I work in a crowded room with 28 others. This morning one of my companions was found dead in her bed, and we all of us think that long hours and close confinement have had a great deal to do with her end. We are called in the morning at half-past 6, and in ordinary times we work untill 11 at night, but occasionally our hours are much longer; on the Friday before the last Drawing-room, we worked all night, and did not leave off until 9 o'clock on Saturday morning.—At night we retire to rest in a room divided into little cells, each just large enough to contain two beds. There are two of us in each bed. There is no ventilation; I could scarcely breathe in them when I first came from the country. The doctor who came this morning said they were not fit for dogs to sleep in. —This poor girl was taken ill on Friday.—We are often ill, so that not much notice is taken of that; she was worse on Sunday.—Some of us sat up with her until she went to sleep. In the morning her bedfellow found her dead by her side.—Of course we are all very much shocked, and although we do not complain of our house, which is better conducted than many, we should be so glad if some plan could be discovered by which we could get a little less work and a little more air. I remain, Sir,

June 15 A TIRED DRESSMAKER.

The rest of the history is soon told. An inquest was held on the body of this poor girl, who was in the service of a Court dress-maker, living in Regent street. A post-mortem examination revealed the fact that the death was caused by apoplexy, and Mr. Keys, one of the Medical witnesses, stated that long hours of work in a crowded apartment, and sleeping in a close, badly-ventilated room, would have a tendency to cause such a disease. No doubt of it. Mr. J. F. Clarke, of Gerrard street, described the bed-rooms, which were divided by partitions into small apartments, just *large enough to contain two beds placed end to end*, and it was stated that *two women slept in each bed.* Mr. Keys *naïvely* expressed his opinion that the rooms in which the deceased died were overcrowded and badly-ventilated. We should think so. The verdict was death from apoplexy, but the jury had too much reason to fear that the event was greatly accelerated by working many hours in a crowded work-room, and sleeping in a close, badly-ventilated bed-room. The husband of the Court dress-maker said he did all he could for *the comfort and health of his young people*, and perhaps his establishment is not the worst of its kind. Such is an instance of the tyranny of fashion, and some of the ladies who roll in their carriages along Regent street, decked in the glittering and costly products of art and industry, would do well to reflect for a moment upon the misery and death entailed upon some of their country-women in many a bye-street of that crowded and luxurious thoroughfare.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Professor HUXLEY continues his course of Lectures on the "Structure and Development of the Vertebrate Skeleton," his present lecture being on the Skull of the Amphibia and of the Reptiles. Dr. CHARLES BLAND RADCLIFFE continues his Lectures on "Certain Disorders of the Brain and Nervous System," his subjects being Tremor and Spasm, both of which he considers to be connected with depressed and not with excited vital energy, and he appeals to the symptoms and course of several diseases in proof of his views. The therapeutical indications he deduces are that tremor should be treated by those agents which exalt the general and nervous tone, and that spasm should be treated in the same manner. Thus, wine in large doses should be given in tetanus, and even in hydrophobia, and in the minor forms of spasmodic disorder, as laryngismus stridulus, spasmodic croup, and whooping cough. Dr. J. H. BENNETT, who has lately passed four winters at Mentone, has this spring visited Palermo, and he now gives his opinions on Sicily as a Winter Climate. It appears that the winter in Palermo is not very cold, but instead of being dry and bracing as on the North Mediterranean coast, its climate is rather moist and relaxing. Dr. J. P. PENNEFATHER relates a very curious and interesting case of "Co-existing Extra and Intra-Uterine Pregnancy." A lady was delivered of a full-grown female infant, but the abdomen still remained enlarged, and six months afterwards another child was

extracted artificially through an opening in the vagina, and the patient completely recovered. Dr. Pennefather thinks that the ovum was arrested in the left Fallopian tube, that it ulcerated its way into the intestines, and thence into the vagina, through the recto-vaginal septum. Mr. .I B. Brown relates a case of "Vesico-Vaginal Fistula, with Loss of Urethra and Neck of the Bladder, and Large Recto-Vaginal Fistula," completely cured by operations.

The 'Medical Times and Gazette.'

Professor Huxley, continues his Lectures on the "Vertebrate Skull," describing the bones of the human skull in their morphological relations, and dividing or grouping them in comparison with the corresponding parts in other vertebrate animals. The Professor lays great stress upon the relations of the nerves to the osseous structure, in determining the true morphological nature of the bones. A continuation of the Rev. Professor Haughton's "Physiological Researches," comprises the history and chemical features of Diabetes Mellitus, the latter particulars being illustrated by some elaborate tables showing in certain cases of disease, the relative amount of urine, of sugar excreted, of sugar ingested, of urea excreted, and of urea ingested, on different days. Dr. W. S. Kirkes communicates a paper on "Chorea: its Relation to Valvular Disease of the Heart, and its Treatment." Dr. Kirkes draws special attention to three conditions with which chorea is not unfrequently associated—namely, rheumatism, disease of the heart, and pregnancy, and he thinks that such causes of chorea in weak children as constipated bowels, worms, irregular dentition, and disorders connected with menstruation, are less operative than they are supposed to be. Dr. Kirkes relates the details of two fatal cases of chorea in pregnant women, both of whom died; and after death, signs of mischief were found on the cardiac valves. A similar condition of the valves existed (whenever the heart was specially mentioned) in all the fatal cases of puerperal chorea which Dr. Kirkes has found recorded.

The 'British Medical Journal.'

Mr. Thomas Bryant in continuing his Lettsomian Lectures on the "Surgical Diseases of Children," now treats of the Surgical Affections of the Osseous System, particularly the inflammatory diseases of the shafts of the long bones, of the epiphyses or articular extremities, and of the soft pulpy layer existing between the shafts of the long bones and their epiphyses; he also makes a few remarks on congenital fracture and dislocation. Dr. J. W. Ogle communicates some observations on "Some of the Effects of the Application of the Calabar Ordeal Bean to the Eye," his paper on this subject having been completed before he saw the observations made by other experimenters. He confirms the remarks which have been made as to the peculiar effect of the bean upon the pupil, and as to the antagonistic action which it manifests to atropine, in relation to the iris. Dr. W. G. Gimson relates a "Case of Prolonged and Profound Sleep," occurring at intervals during twenty years. The subject of the case was a farmer, aged 44, who had never suffered from any serious illness. The details are interesting, and in their main features they recall a somewhat similar instance related by Dr. J. W. Cousins in the 'Medical Times and Gazette' of April 18 in this year, and noticed at the time in this Journal.

Enforced Vaccination.—A Bill before the House of Commons, extending only to Scotland, provides that after February next any schoolmaster or schoolmistress shall be liable to a penalty for receiving a pupil, under fourteen, without medical certificate of vaccination. Nor can any person, under eighteen, be received into any service without a similar certificate. Every person admitted to parochial relief or committed to prison must be vaccinated, unless the surgeon be satisfied that it is unnecessary.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

Dr. Oldham, President, in the Chair.

The following gentlemen were elected Fellows of the Society:—Bruce Barclay, M.D., Shanghai; John W. Coward Esq., Coroner, Christchurch, Canterbury, New Zealand; Henry S. Johnson, M.D. Stoke-on-Trent. Elected at the April meeting:—J. B., Brierly, Esq., Staleybridge; Edward Parsons, M.B. Lond., Samaritan Hospital, Dr. T. M. Sumter, South Audley-street.

POLYPUS OF THE UTERUS.

Dr. Graily Hewitt exhibited a fibrous polypus, the size of an egg which he had lately removed. The case was that of a patient of Dr. Browne, of Kew, married, and forty-three years of age. The symptoms had lasted for two years, but only lately advice had been sought. The patient had become excessively weak, and reduced to a condition externally simulating that witnessed in cases of cancer. The growth, hanging just outside the os uteri, was removed by a pair of curved scissors; the pedicle was three-quarters of an inch thick. The recovery was complete.

In answer to a question from Dr. Hicks, Dr. Graily Hewett stated that he had intended to cut the pedicle across by wire, but the pedicle was too thick to admit of this. There was no hæmorrhage from the operation.

Dr. Charles Kidd read a short memoir, entitled

"FURTHER OBSERVATIONS ON THE USE OF ANÆSTHETICS IN MIDWIFERY."

The administration of chloroform in various kinds of labour has been followed by the very best results; the feeling of hope of relief of pain to the mother continues to be most beneficial, the increasing number of living children now saved, where craniotomy previously was practised, is most encouraging for the future. The present communication is a sequel to a former one in the *Transactions* of the Society, and the author said it was satisfactory to find that all the leading details of that memoir had been highly appreciated, and since then very fully recognised as to their truth by the chief practical obstetricians of Germany, France, America, Australia, etc., more particularly as to the extreme value of chloroform in cases of malpresentation, or contracted outlet of the pelvis requiring versional delivery; as also in some bad forms of anæmic and epileptic puerporal convulsions, chloroform in tedious exhaustion labours after dilatation of the os in women of a "particular age" who marry late in life etc., etc. The present communication in particular had reference—1. To cases attended with hæmorrhage, where the author wished to suggest caution in the administration, as also to obtain the opinion of the Society if hæmorrhage be encouraged by chloroform. 2. To direct attention to the serviceableness of chloroform in cases of retained placenta. 3. To the usefulness of alternating the administration of ether with that of chloroform where the pulse sinks, as in some exhausting operations, such as ovariotomy. 4. To the vast advantage of using chloroform in puerperal convulsions. 5. To direct attention to the greater safety of chloroform at present; as we now know the accidents do not occur so much or at all from heart disease as from simple apnœa, as the result of stoppage of the respiratory muscles, and to direct the Profession to the extreme value of the "Faradisation" current to these muscles in such accidents, when other means fail to restore the patient. And, first, as to the tendency of chloroform to superinduce hæmorrhage in ordinary cases, the author seemed to think the fear of this was not entirely without foundation; it is, perhaps, the only one vulnerable point in the administration, yet the latter can be stopped if hæmorrhage is feared or the hæmorrhage combated by ergot, stimulants, the use of cold, the "binder," pressure, etc., but according as bleeding continues, it is to be remembered the absorption or endosmosis of the chloroform is slightly increased, if it be still gone on with; though, on the whole, the author is not so much afraid of this condition with chloroform as one of brain congestion, or a state observed occasionally—viz., almost of delirium tremens—in some hospital patients, or a state leading to the actual effusion on the brain in the worst form of puerperal convulsions; but this latter disease may occur without chloroform at all, and we must not blame chloroform. The author desired it to be known that he now took the most unfavourable as well as the more favourable side of the question, and as a "set off" to the doubtful question of danger of hæmorrhage, he was certain that chloroform removed unnecessary and often exhausting pain (for pain, *per se*, is always an evil), it renders "versional" delivery very much more easy, it also undoubtedy facilitates the recovery of the lying-in patient; it lessens pain, which pain often leads to puerperal convulsions. It is not probable at all that chloroform skilfully used ever stops a labour or causes inertia. Dr. Tyler Smith saw one case—we see this stoppage, and inertia, and even many cases of death from syncope during, or immediately after labour, where chloroform was never thought of at all; nor does it cause inflammation. We must not argue from

coincidences, of false statistics, or what the author terms it, the always venerable error in Medical logic of arguing from a "post hoc" to a "propter hoc;" it is a great charity to give the woman in childbirth chloroform; but it too often happens that statistics, old routine, and shallow incongruities, as in other kinds of Medical evidence, stand in the way of what is of charity or the general good of the poor patient, or the Professional character. The next division of the present paper had reference to the usefulness of chloroform in "hour-glass" contraction of the uterus, and some, if not all, cases of retained placenta. A safe and useful rule (having the approval of the large Dublin Lying-in Hospital and other institutions) is the following:—If, in efforts at manual extraction of adherent placenta, the uterus be contracted firmly or in "hour-glass" fashion, the condition of the patient fair, and yet much resistance offered to the hand—but we are anxious to avoid uterine phlebitis—the administration of chloroform facilitates the placenta removal and changes the firm uterus contraction (as in version cases). It is of course probable in many cases that there may be prostration or inertia; here ammonia must be given, and acts very well with chloroform or brandy. There is a sort of lying-in room superstition, need it be said, that nothing is right till the placenta and every bit of a placenta is taken away. No doubt retained placenta is fortunately a rare complication in cases of delivery, yet in some 6,000 deliveries, 56 of bad hæmorrhage and 28 of retained placenta were noted, and one case was mentioned by the author where "portions" of a placenta were removed, and uterine phlebitis thus prevented, twelve hours after a delivery; the removal such as seemed impossible without chloroform. These cases are more common with first children than with post-primiparous births. Chloroform is at least one remedy not to be neglected when the other ordinary measures are under trial. Whether many of these cases depend on inertia, the reader will decide for himself; but a new and better school of obstetrics has arisen within the last dozen years, and since the introduction of anæsthetics, bleeding is not now the remedy for phlebitis or typhus; nor is chloroform so full of danger as supposed or shown by false statistics. The author here related his experience in the analogous depressing operation of ovariotomy, in about thirty of which cases he has assisted with the anæsthetic. He now prefers ether to chloroform, or, better still, to place the patient first fairly under the latter, and continue the anæsthesia with the former; it is not necessary to use very much of either, but if the pulse should sink, the action of sulphuric ether is very marked in restoring it. If ovariotomy could be performed without one or the other, but with a piece of ice over the linea alba, it might be better still. The chief portions of the operation—breaking down adhesions where they exist, securing the pedicle, etc.—are not very painful, and even the tension of the tumour sometimes stretches the abdominal wall to a thin membrane, devoid of feeling. Chloroform, the author again intimates, should be never given in labour cases before the os uteri has dilated to something like the size of a shilling; before that the woman will bear her "pains" with some philosophy or satisfaction, if not resignation. The narcotism of chloroform is more marked in the early than in the later portion of the labour; but it is here that chloroform "delays a labour" as occasionally complained of. It is a great mistake to begin it too soon, however, no matter what the entreaties of friends, or attendants, or the patient herself may be. Very many of the popular prejudices against chloroform in these cases arise from catching a fact by the wrong handle, as it were, or losing sight of the "Opiferque per orbem" that we boast the relief from pain in charity that is our duty and privilege to afford the lying-in woman. Pain, too, is a physiological evil; the sense of pain is confined to the sensorium and sensory ganglia, on which chloroform acts so specially and almost alone. The effort of the uterus to empty itself, on the contrary, is so little related to these that labour may go on perfect paraplegia; as in cases where the relations of the spinal and reflex system were totally cut off from the sensorum and ganglia by acephalocysts in the upper portion of the chord. Labour, again, will proceed, though the cervical vertebræ may have been fractured in animals, or in the deep apopletic coma of eclampsia in women, or in the dead insensibility of drunkenness, all of which explains that pain is non-essential, and that we may have spontaneous uterine or reflex action very perfect indeed, though sensation of pain through the brain be removed. At any rate, the sense of pain as pain, as the woman is aware of all about her, and even of the contractions or rhythm of the uterus, as she might without pain recognise the rhythmic contractions or beat of the heart. She watches, in fact, for the "pain" as she calls it; wonders and reflects that it has lost its agony, and yet the labour progresses as well as if she was in torture; recalling ones rude recollection of the old lines—

> "Remembrance and reflection—how allied;
> What thin partitions sense and thought divide!

Like the knights of old, and their contending opinions of the colour of opposite sides of the same shield, have been the contending opinions in journals and books as to whether chloroform is dangerous in labour, or delays labour, or leads to hæmorrhage. But this diversity is at once explained as to delay—whether the chloroform was given too soon or not; and as to danger, by a heap of errors yet copied from one standard edition of a book into others, as to heart disease and its dangers, etc. Reference was next made to "Puerperal Convulsions," and three cases mentioned of fatal puerperal convulsions brought on apparently by the excessive reflex irritability of passing the hand into the uterus to remove adherent placenta. Both affections might have been prevented by use of chloroform, but could not fail to be aggravated by the lancet, still so much esteemed in convulsions. But the day for the lancet is gone by, as for stage coaches, or salivation in syphilis. Again, such convulsions are often the result of intense, long-continued agony, which nothing can lessen so well as skilful and small doses of chloroform. It is probable, as observed by Van der Kolk, that in these and all such cases of convulsions that direct irritation of pheripheral ends of nerves (notably in some forms of fits from worms, irritation of external genitals in masturbation, etc.,) is reflected directly back to the medulla oblongata (or cerebellum (?) which probably presides over the organs of involuntary life), much like the impression of molecules of a galvanic telegraph wire though still purely vital; this direct irritation, by a sort of induction acting on other roots of nerves lying side by side. Hence we see that passing a hand into the uterus excites convulsions in parts not apparently connected with the uterus, but all which excess of action as well pointed out by Dr. Tyler Smith, Dr. Murphy, and others, is controlled, for a time at least, by chloroform. We see this every month in tetanus cases also, and various forms of epilepsy as now so admirably cured by Dr. Brown-Séquard by other forms of anæsthesia. In conclusion, the author directed attention to seventeen women with obstructed labour, where the mothers had had in old times previously dead children, or eviscerated children, torn away by hook or crotchet, or craniotomy, as related to the Society, but where, by means of version subsequently under chloroform, nine living children, and seven with heart pulsation (but which did not live), were gained for the overjoyed mothers, and the barbarous misery to patient and attendant of pulling the child in pieces or craniotomy saved. Cases of this kind now crowd on us from all parts of Europe, America, Australia. Such is one of the vast benefits of this still underrated and cruelly misrepresented agent chloroform, which now, as we are aware of the exact nature of accidents, not from heart disease, as previously surmised, has come to be perfectly safe, as simple apnœa of chloroform (cardiac syncope of Snow) is due to diminished action of the respiratory muscle and general reflex system, so readily excited by electricity when ordinary means (which not often) fail to restore the patient.

Dr. Hall Davis mentioned several instances in which chloroform had acted most beneficially during labour; cases of nervous agitation with rigidity of the passages of the os vagina, and perineum, and where the chloroform had superseded the use of the forceps or other methods of mechanical delivery, in facilitating version in cross-presentations, in cases were embryotomy had been contemplated. Chloroform frequently gives a regularity and uniformity previously wanting to the labour pains. On the other hand, he had seen cases in which chloroform gave a lingering character to the labour, and he believed it sometimes left relaxation of uterine fibres and tendency to hæmorrhage. He had met with no death from the use of chloroform in midwifery practice.

Dr. Murphy stated that, with regard to the use of chloroform in puerperal convulsions, he had found it to be a most valuable agent in controlling the paroxysms. It has succeeded where the more usual remedies have failed. In ordinary cases of labour, where the pains are severe, he had also found it extremely beneficial. For this purpose it is not necessary to put the patient asleep; pain can be controlled, and the patient remain perfectly conscious. The first effect of chloroform is on the sentient nerves, and pain may be relieved long before insensibility takes place. Its administration in this manner he had found to give the most complete relief. In reply to questions put by the President, Dr. Murphy observed that he knew of no deaths from chloroform in the practice of midwifery. With regard to its use in true puerperal convulsions with albuminous urine, the best answer he could give was the relation of a case. He was called to attend a lady, a year or two ago, pregnant with her first child. She was of middle age. Her labour was not difficult; it lasted about eight hours; her pains were very acute. She would not take chloroform, and, being a woman of much fortitude, she struggled to command herself, but in the contest she became giddy, lost her sight, and convulsions followed. She was bled, without controlling the convulsions. Chloroform was then administered with perfect success, and the paroxysms were at once controlled. Tranquil sleep followed, and the convulsions did not return. He carefully examined the urine, and found it to be albuminous. The lady perfectly recovered.

Dr. Rogers could not recollect a single case of flooding produced by its use. He was careful to give ergot to patients who had previously flooded. He had been able to turn more easily, and had likewise given chloroform to its full extent in some cases of craniotomy, but as a rule he merely soothed and calmed his patients with it. A very small quantity was used at the Samaritan Hospital during the operation of ovariotomy; he did not think it added to the shock of such operation, or diminished the chances of recovery,

nor could he say that ether or a mixture of ether and chloroform was preferable in such operation.

The PRESIDENT considered the questions raised in the paper of the greatest possible interest. He would like to have the experience of the Fellows present on some important points,—the effect of chloroform in predisposing to hæmorrhage after labour; the results as to the use of chloroform in puerperal convulsions; and as to the occurrence of death from the employment of chloroform in Midwifery practice.

Mr. CUMBERBATCH had never known flooding induced by the use of chloroform in Midwifery, and, as far as his experience went, hæmorrhage was not more likely to occur than if it had never been given. No fatal case had come under his notice in which the result could be ascribed to chloroform.

Dr. ROUTH's opinion was decidedly adverse to that generally given by previous speakers. He believed that chloroform when given to any extent developed a tendency to imperfect contraction after the removal of placenta, and thus favoured the occurrence of hæmorrhage. Since he had used chloroform he certainly had a larger proportion of cases of hæmorrhage. He was also certain from experiment that it materially lessened uterine contractions during the first stage, and illustrated this opinion by a well-marked instance. In the second stage, except when carried to the absolute unconsciousness of the patient, it did not influence the uterine contractions. But, if given largely, as every accoucheur would acknowledge who had turned with chloroform, and without it, it certainly diminished the force of the contractions. He had heard of one case of death after chloroform in labour. It was that where a practitioner delivered by forceps, a well experienced nurse giving the chloroform while he was using them. As the child was extracted, the woman fell back suddenly and died. The suddenness of the death especially appeared to him to prove the fatal issue was due to chloroform.

Mr. CHAPMAN was desirous of eliciting the opinion of the Society as to the propriety of using chloroform in puerperal convulsions, and as to what rules should be laid down for its administration under such circumstances.

Dr. GRAILY HEWITT observed that no rule universally applicable could possibly be laid down as to the use of chloroform in puerperal convulsions. In some cases—a marked instance of which he related—the condition present was caused by very extensive disease of the kidneys. In such cases, chloroform was perfectly useless. In other cases, when the blood-poisoning and the albuminuria were only temporary, and not so dependent on organic disease, chloroform had proved to be very serviceable.

Dr. MARTYN had employed chloroform in painful and difficult labours for many years of practice, and he had met with no seriously unfavourable results from it, but otherwise. Sometimes troublesome sickness appeared to follow, as in other cases, and he has observed some check to pains, but whether this effect is confined to the first stage of labour, he was not able to say. He had never met with a serious hæmorrhage after the use of chloroform. Indeed, he decidedly believed that it rather saves the patient in this respect. As to its application in severe cases of convulsions in labour, he was most anxious for the opinion of the author and of those who have had experience in such cases. In one case in his own practice which terminated fatally, a considerable amount of blood was lost naturally without any effect in abating symptoms. A young woman, primipara, very anasarcous before labour, was attacked with convulsions towards the close of it. No case could be better marked. The child's head being low down, she was delivered by forceps at once. Considerable hæmorrhage then ensued, and the patient soon fell into a state of coma and died, the convulsions and other symptoms not being at all relieved. In watching the record of many cases of puerperal convulsions, he had observed that large bleeding, shaving the head, and the use of ice had seldom been followed by satisfactory results. He himself would rather trust to chloroform than any other known remedy. In many of the minor operations of midwifery, in hour-glass contraction, for the removal of the placenta, etc., etc., excepting to relieve pain, he did not consider chloroform to be required.

Dr. CLEVELAND suggested that in case of convulsions associated with albuminuria, the specific gravity of the urine, when practicable, should be ascertained, inasmuch as the presence of albumen in that fluid, *per se*, did not necessarily indicate blood poisoning; but when it co-existed with a low specific gravity there was evidence, in addition to the general symptoms, of the retention of those salts in the blood, which, in a healthy state, are eliminated by the kidneys. Under the latter circumstances he thought that the administration of chloroform was more likely to be injurious than otherwise.

Dr. BRAXTON HICKS, in reply to Mr. Chapman, said he had used chloroform in puerperal convulsions to produce quietude during instrumental delivery, and found it to succeed very well, and without untoward result. In reply to the suggestion thrown out by Dr. Cleveland, Dr. Hicks said that he had continually examined the urine of patients with puerperal convulsions, and had found it always albuminous at some time, during the attack or after. It may be present only for a short time, and might be missed if not carefully watched for. The specific gravity was always high, generally with blood corpuscles, waxy and epithelium casts, in fact the evidence of acute "Bright's disease." Whether the addition of chloroform to this state was safe, or whether it would add to the blood-poisoning, was not yet determined.

Dr. DRUITT said it was difficult to apportion the amount of danger to be ascribed to the chloroform, or the amount of good in eclampsia. The case must be judged by a fair analogy with others. He cited an instance of a lady dying in childbirth—so-called—but in reality of scarlet fever super-added. He did not find that hæmorrhage was induced by administration of chloroform, and he agreed with the author generally.

Dr. BRAXTON HICKS wished to know if chloroform and ergot could be combined, and what would be their action in "irregular" labours.

Dr. KIDD, in reply, had found chloroform and ergot go very well together, especially if used, as it were, alternately,—the effect of one allowed to wear off a little before using the other. In conclusion, he expressed his satisfaction that the experience of the Society was in favour of chloroform even in hæmorrhage cases, and so in cases of retained placenta. As to eclampsia, he believes there are three forms of this disease, and in two chloroform is a certain remedy rather than the lancet. Even albuminuria is due to pressure of the gravid uterus on the kidneys, not actual disease. He agreed with Dr. Murphy on this point, but not perhaps so well as to the same speaker's view that the muscular fibres of the uterus are not relaxed by large doses of chloroform. He had, however, great respect for Dr. Murphy's opinions, and would say as corroborating them, that the muscular fibres of the heart, so like the uterus, are not acted on by chloroform as popularly believed. As to convulsions, he would say that all the best men in Europe and America—Simpson, Churchill, Meigs, McClintock—approved highly of chloroform in a large majority of cases. The explanation of these convulsions by Van der Kolk in the paper is the true one; but if there were superadded apopletic effusion, which occurs in only 20 per cent. of the cases, then perhaps nothing would be of use, and chloroform would do neither harm nor good, and the lancet positive harm. With reference to ether, Dr. Kidd prefers it in tedious exhausting operations like ovariotomy. A mistake sometimes is made to use six or eight ounces of chloroform in such an operation, but six or eight drachms might answer, as the operation, though attended with vast depressing "shock" to the nervous system, is not very painful after the first section of the skin over the linea alba. He has known cases, too, where there was great exhaustion saved by beef-tea and wine injections, especially if sickness from chloroform prevented food being taken. Very good absorption, especially in children, goes on from injections. Chloroform does not lead to inflammation, as supposed by some, as in some absurd statistics, because, in an Hospital, of those not chloroformed 1 per cent. die only; but of those under chloroform a larger number have the operation of forceps or craniotomy. The latter fact is ingeniously omitted.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.

VACCINATION.

Lord LYTTELTON rose to put the question, of which he had given notice relative to the Act for compulsory vaccination, of which he was the author. They had just gone through, if indeed they had gone through, one of those panics on this subject well known to those who attended to the adminstration of the affairs of boards of guardians. There was a great outbreak of small-pox, great attention was excited, union officers were unusually active, many persons were vaccinated and re-vaccinated, much good was done, the stable door was closed before all the horses were stolen; but, nevertheless, the Act was very imperfect. This Act, like most amateur efforts of legislation, and many that were not, left the law defective. He had brought in an amended Bill the following Session, and it passed their lordships' House, but was rejected in another place; and since then very little had been done. Increased powers had been given to the Privy Council, but still that was not enough. It should be borne in mind that there was at this moment some parts of Europe where small-pox had been entirely eradicated by the effect of vaccination. The Council of the Epidemiological Society, who were the highest authority on this subject, had furnished the following suggestions for an alteration of the law:—1st, the making provision for the systematic local supervision of vaccination. 2. The providing more effectual means whereby the local authority or appointed superintendents might ascertain who were and who were not vaccinated; 3. An extension of the age within which vaccination must be performed in those districts in which, from the limited population, &c., vaccination from the arm could only be maintained periodically; and, 4, an extension of the powers of the Privy Council over local arrangements for vaccination, so far as was necessary to secure the more effectual maintenance of local

supplies of fresh lymph. He wished to know whether it was the intention of the Government to introduce a Bill for an amendment of the law in this or the next session of Parliament.

Earl GRANVILLE said that the Government were fully alive to the necessity of something being done, and were considering the best means of effecting an improvement in the law.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows held on the 13th inst., the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the Science and Practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—William Henry Fleetwood Buckle, Royal Mint; William Henry Embling, 30, Oakley-square, Regent's-park; William John Hunt, Hathersage, near Sheffield; Keith Norman Macdonald, Bath; James Davy Rendle, M.D., St. Andrews, Brixton-hill; Alfred Rickards, Armley, near Leeds; Edward Sutcliff, 1 Champion-grove, Camberwell.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members of the College, having undergone the necessary examinations for the Fellowship on the 26th, 27th, and 28th ult., were reported to have done so to the satisfaction of the Court of Examiners, and at a meeting of the Council on the 12th inst. were admitted Fellows:—Frederick James Brown, Rochester, diploma of membership dated Nov. 1, 1844; William Carr, Gomersal, Oct. 26, 1855; William Fairlie Clarke, Curzon-street, Mayfair, Jan. 30, 1862; Victor De Méric, Brook-street, Grosvenor-square, June 11, 1847; George Frederick Helm, Cambridge, Jan. 14, 1859; Edward Lund, Manchester, April 9, 1847; Frederick Marsdin, Staniforth, March 2, 1859; Walter Rivington, Upper Holloway, March 18, 1859; James Rouse, Coleshill-street, April 11, 1851; John Thompson, Bideford, Nov. 4, 1842; John Edward Tuson, H.M. Indian Army, April 25, 1851. At the same meeting of the Council, the following Members of the College, who had been elected Fellows at previous meetings of the Council, were admitted as such:—Thomas Spry Byass, Cuckfield, Sussex, diploma of membership dated Aug. 7, 1829; Thomas Edward Eden, Brighton, March 27, 1835; John Henry Hutchins, Rochester, Sept. 2, 1831; George Lowe, Burton-on-Trent, May 5, 1837; Charles Edmunds Thomson, Ross, June 13, 1828.

APOTHECARIES HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 11th inst.:—Thomas Evans, Llandrssyl, Cardiganshire; John Harman, Canterbury; Thomas Creswick Jackson, 24, Wimpole-street, W.; William Laidlow, Newcastle-on-Tyne. As an Assistant: John Kilshaw Kenyon, Liverpool.

NATIONAL MEDICAL REGISTRATION ASSOCIATION.—John Lavies, Esq., as President and Treasurer, acting merely as the representative of the Society, is now under liabilities amounting to about 200*l.*; and it is believed that every member of the profession will willingly contribute a small sum, rather than allow its chief officer to sustain a serious loss.—*Second List of Contributions towards the Fund.*—Collected by Dr. Kirby and Mr. Jabez Hogg: H. Hancock, Esq., 2*l.* 2s.; Haslar Harris, Esq., 2*l.* 2s.; —Ridley, Esq., 1*l.* 1s.; Dr. Morgan, 1*l*; W. A. Harrison, Esq., 1*l.* 1s; Dr. Richards, 10s. 6d.; Dr. Semple, 10s. 6d.; Dr. Andrew Clark, 10s. 6d.—Collected by Wm. Adams, Esq.: Dr. Fraser, 10s. 6d.; Dr. Gardner, 10s. 6d.; George Hazel, Esq., 10s. 6d.

APPOINTMENTS.—W. J. Addison, M.R.C.S.E., has been appointed Medical Officer for the Kineton District of the Stratford-on-Avon Union, vice J. H. Lakin, M.B., appointed to the Sutton Coldfield District of the Ashton Union, Warwickshire.—W. H. Broadbent, M.D., has been elected Physician to the Western General Dispensary, Marylebone-road, vice F. W. Mackenzie, M.D., resigned.—A. E. Colquhoun, M.D., has been appointed House-Surgeon to the Lancaster Infirmary and General Dispensary, vice J. Mitchell, L.R.C.S.Ed., resigned.—W. Coulson, F.R.C.S.E., has been appointed Honorary Consulting Surgeon to St. Mary's Hospital on resigning as Surgeon.—J. Drury, M.R.C.S.E., has been re-elected Medical Officer and Public Vaccinator for the Stanmore District of the Hendon Union, Middlesex, his former appointment having expired.—T. D. Griffiths, M.B., has obtained the Atkinson Morley Surgical Scholarship of 45*l.* for three years.—P. H. Harper, F.R.C.S.E, has been elected Surgeon to the London Surgical Home.—G. H. Harries, M.R.C.S.E., has been elected a Member of the Obstetrical Society.—A. Hunt, L.R.C.S.I., has been appointed Medical Officer for the Infirmary and Fever Hospital of the Dungarvan Union, Co. Waterford, vice J. G. Battersby, M.D., whose appointment has expired.—J. Hutchinson, F.R.C.S.E., Assistant-Surgeon to the London Hospital, has been elected Surgeon.—H. Jeafferson, M.B., has been elected Resident Medical Officer to the Fever Hospital, Liverpool-road, vice G. Reed, M.D., resigned.—Dr. Parkes has been requested by the Council of University College, London, on the recommendation of the Senate, to assume the title of Emeritus Professor of Clinical Medicine in University College.—A. Pearson, M.D., has been appointed Medical Officer of the Parochial Board of South Uist, Inverness-shire, vice A. Macdonald, M.D.—W. Ramsay, L.R.C.P.Ed., has been elected Medical Officer and Public Vaccinator for the Hutton Buskell District of the Scarborough Union, vice T. B. Smart, M.D., deceased.—B. Shillitoe, F.R.C.S.E., has been appointed Surgeon to the Great Northern Hospital, King's-cross, vice G. Lawson, F.R.C.S.E., appointed Surgeon to the Middlesex Hospital.—G. Taylor, M.D., has been appointed (jointly with Mr. J. German) Surgeon to the Midland Railway Friendly Society.—F. S. Worthington, L.R.C.P.L., has been appointed Assist-Surgeon to the Mutford and Lothingland General Dispensary and Infirmary, vice S. S. Brame, M.D., deceased.

WILLIAM BARRY, M.D., late Deputy Inspector-General of Army Hospitals, died on Tuesday, the 4th instant, at Bath, at the advanced age of eighty years. He entered the army in 1808, and during the campaigne of 1815 was present at Waterloo.

APPOINTMENTS FOR THE WEEK.

Wednesday, June 24.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

Thursday, June 25.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m. Restoring Rectum; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.;" Royal College of Surgeons of England, 4 p.m.—Prof. Solly, "On the Brain and Spinal Cord, and some of their Diseases."

Friday, June 26.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, June 27.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, 1 p.m.; Royal Free Hospital, 1½ p.m.;" Royal College of Surgeons of England, 4 p.m.—Professor Solly, "On the Brain and Spinal Cord, and some of their Diseases;" Metropolitan Association of Medical Officers of Health, 7½ p.m.

Monday, June 29.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.

Tuesday, June 30.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Corpulency and its New Self Dietary Cure. By A. W. Moore, M.R.C.S. Fourth Edition. London. A. and W. Evans, 42 Tachbrook street, Pimlico, S.W.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

In consequence of the space occupied by our Index, we are again reluctantly compelled to postpone until next week Dr. Nesfield's Cases of Pelvic Abscess, and Mr. Yose Solomon's Paper on Glaucoma. Several Reviews, including one of Dr. Thudichum on Gall-Stones, are also in type, as well as a letter from our Dublin Correspondent, and several original papers, which are delayed for the reason above given.

Dr. JOHN GRAY.—The paper has been received.

Dr. ROSS.—The subject shall be attended to.

The Committee of the Adams' Defence Fund have published, by permission, a letter from a relative of Mrs. Russell, stating that she was not on visiting terms with her family. The writer of the letter, who is her nephew by marriage, expresses the greatest sympathy with Mr. Adams under the cruel persecution which he has endured from the two women.

MEDICAL REGISTRATION.

To the Editor of the Medical Circular.

SIR,—In alluding to Registration of Medical Men, I am much inclined to account for the non-registration of many an honest, deserving, persevering, and hard-struggling practitioner, the omission being "the want of means," and not the lack of desire to register. Is there any remedy in the Medical Act intended to meet such a case?

Great Malvern, June 17. I am, &c.,

ANDREW HENDERSON, M.R.C.S.

Mr. ALFRED W. MOORE's suggestion shall be attended to.

Dr. SMITH, Monkwearmouth.—The notice shall appear.

THE MEDICAL STAFF OF ST. THOMAS'S HOSPITAL.—The letter has been received.

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Medical circular

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